

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90008 015 ***150.00

DOCUMENT # P01000081154

1. Entity Name
GROOVY BOYZZZ ENTERPRISES, INC.

Principal Place of Business

**290 NORTHEAST 115TH STREET
 MIAMI FL 33161**

Mailing Address

**290 NORTHEAST 115TH STREET
 MIAMI FL 33161**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

581 NW 99th

3. Mailing Address

581 NW 99th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

Applied For

Not Applicable

Zip **33150**

Country **USA**

Zip **33150**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANCOIS, JOEL	
STREET ADDRESS	290 NORTHEAST 115TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	OSBORNE, STEPHEN A	
STREET ADDRESS	290 NORTHEAST 115TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	COICOU, DANIEL	
STREET ADDRESS	290 NORTHEAST 115TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	581 NW 99th
STREET ADDRESS	MIAMI, FL 33150
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	581 NW 99th
STREET ADDRESS	MIAMI, FL 33150
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	373 NE 125th
STREET ADDRESS	MIAMI, FL 33161
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 305

Date

Daytime Phone #

751-3443

CR2E034 (9/01)