FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90096 016 ***150.00

DOCUMENT # P02000057227

1. Entity Name
COURTYARD GROVE 410 S, IN

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4137 BRAIR LANE	4137 BRAIR LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON	City & State: WESTON
Zip: 33332 Country: BROWARD	Zip: 33332 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0698613 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LIZABETH F. CALVO

Street Address (P.O. Box Number is Not Acceptable):
328 CRANDON BLVD SUIT 226

City: KEY BISCAYNE FL Zip Code: 33149

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: _____
Florida, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANDRES E. LOPEZ 4137 BRAIR LANE WESTON, FL. 33332
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARIA M BIANCHI DE LOPEZ 4137 BRAIR LANE WESTON, FL. 33332
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANDRES JOSE LOPEZ CALLE 5 RES. ANGELICA APT 3-A TERRAZA DE AVILA CARACAS-VENZ
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR VALENTINA M LOPEZ 9 BELMONT RD APT 1 CHESNUT HILL M.A. 02467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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12. 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 electronic 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date