


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90064 050 ***550.00

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| DOCUMENT # P02000096868 |  |
| 1. Entity Name GROVE TITLE, INC. | |

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| Principal Place of Business 2424 SW 23RD ST. MIAMI FL 33145 | Mailing Address 2424 SW 23RD ST. MIAMI FL 33145 |
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|---|---|
| 2. Principal Place of Business 2424 SW 23rd St. | 3. Mailing Address 2424 SW 23 St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------------------------------|--------------------------------------|
| City & State Miami, FL | City & State Miami, FL |
| Zip 33145 | Country USA |

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|--|---|
| 4. FEI Number 82-0561466 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

☐ CHECK HERE IF MAKING CHANGES

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| 6. Name and Address of Current Registered Agent HERNANDEZ, RACHEL 2424 SW 23RD ST. MIAMI FL 33145 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|---|
| TITLE PD | NAME HERNANDEZ, RACHEL <input type="checkbox"/> Delete | TITLE | NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 2424 SW 23RD ST. | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33145 | | CITY-ST-ZIP | |

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 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; that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an acknowledgment of all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **9/2/03** **(205) 607-2851**

CR2E034 (4/03)