

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90014 035 \*\*\*550.00

**DOCUMENT # P93000012538**

1. Entity Name  
**GROVE REAL ESTATE HOLDINGS INTERNATIONAL, INC.**

Principal Place of Business

**7171 CORAL WAY  
 STE. 200  
 MIAMI FL 33155**

Mailing Address

**7171 CORAL WAY  
 STE. 200  
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

**11036 SW 77 Ct Cir**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

Zip

Country

**33156**

Country

4. FEI Number

**65-0539273**

Applied For

Not Applicable

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

**OSORNO, JUAN M  
 7171 CORAL WAY  
 STE. 200  
 MIAMI FL 33155**

Name

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

**11036 SW 77 Ct Cir**

City

**Miami**

**FL**

Zip Code

**33156**

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

**Juan M. Osorno** **JUAN M. OSORNO**

**9-11-01**

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.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>M OSORNO, JUAN M</b>	<b>7171 CORAL WAY, SUITE 200</b>	<b>MIAMI FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>11036 SW 77 Ct Cir</b>	<b>MIAMI FL 33156</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**Juan M. Osorno** **JUAN M. OSORNO**

**9-11-01 (786) 236-0325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)