

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016808

1. Entity Name

GROVE DESIGN ASSOCIATES, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90076 010 ***150.00

Principal Place of Business

Mailing Address

3102 SHIPPING AVE
STE A
COCONUT GROVE FL 33133

3102 SHIPPING AVE
STE A
COCONUT GROVE FL 33133-4435

2. Principal Place of Business

4425 NORTH BAY ROAD
Suite, Apt. #, etc.

3. Mailing Address

4425 NORTH BAY ROAD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FLORIDA

Zip
33140

Country
U.S.A.

City & State
MIAMI BEACH, FLORIDA

Zip
33140

Country
U.S.A.

4. FEI Number 65-0480685

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, NEIL
3102 SHIPPING AVE
STE A
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name EISENBERG, NEIL

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

4425 NORTH BAY ROAD

City MIAMI BEACH

FL

Zip Code 33140

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.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE PD
NAME EISENBERG, NEIL
STREET ADDRESS 3102 SHIPPING AVE #A
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME NEIL EISENBERG
STREET ADDRESS 4425 NORTH BAY ROAD
CITY-ST-ZIP MIAMI BEACH, FLORIDA 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14, 2000

Date

Daytime Phone #

CR2E034 (9/99)