2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000066343

1. Entity Name

PA-TIO GROVE, INC.



FILED Mar 04, 2003 8:00 am Secretary of State
03-04-2003 90072 032 ***150.00

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						600 W	T. T. R.						
Principal Place of Business 20555 S.W. 232 ST. MIAMI FL 33170			P.O.	Mailing Address P.O. BOX 330177 ATLANTIC BEACH FL 32233 US							e lat kateal		
2. Principal F	Place of Busine	3. Ma	3. Mailing Address								01200 11)11 1001		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 65-0539248				oplied For	7
Zip	Country			Zip Count				5. (Certificate of Status Desired		\$8.75 Add	ditional	1
· · · · · · · · · · · · · · · · · · ·	6. Name a	and Address of Current	Register	registered Agent				7. Name and Address of New Registered Agent					
						Name				g	·90/11		7
FREEMAN, ROBERT A								(P.O. Box Number is Not Acceptable)					$\frac{1}{2}$
2601 S BAYSHORE DRIVE SUITE 1425 MIAMI FL 33133									·····				\dashv
									****	FL	Zip Cod	e	1
8. The above the obligat	named entity	submits this statement for	r the purp	oose of changing its	register	ed office or	registere	ed ag	ent, or both, in the State of Flor	ida. I am i	amiliar with,	and accept	1
SIGNATURE .	Signature typed or	printed name of registered agent	and title if any	NOTE WOTE	. Casistava	d Agent signati				217			
	Signature, typed or	printed harrie or registered agent	and this ii apt	T THE THE THE THE THE THE THE THE THE TH	:: negistere	d Agent signati	nre reduired	when re	ninstating)	DATE			_
After	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	f State						Election Campaign Fina Trust Fund Contribution			0 May Be I to Fees	
10.		OFFICERS AND	DIRECTO	l NPS	11.			۸۵	L DITIONS/CHANGES TO OFFIC	NEDO AND	DIDECTOR	C IN 11	4
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NAME STREET ADDRESS	RODRIGUEZ, PETER A			NAN STR			:				☐ Change	Addition	
CITY-ST-ZIP	JACKSONVILLE FL 32225			CITY		-ST-ZIP			******				
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NAME	RODERGUEZ, DELIA M			NAM	-								
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
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12. I hereby c	ertify that the in	nformation supplied with	this filing	does not qualify for	the exer	nption stat	ed in Sec	tion 1	119.07(3)(i), Florida Statutes. I f	urther cert	fy that the in	formation	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #