

# 2000 UNIFORM BUSINESS REPORT (UBR)

71

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90022 026 \*\*\*150.00

**DOCUMENT # P95000091796**

1. Entity Name

GROVE CYCLE INC.

Principal Place of Business

3216 GRAND AVENUE  
 COCONUT GROVE FL 33133

Mailing Address

3216 GRAND AVENUE  
 COCONUT GROVE FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0622863**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BREZO, HERMES**  
**1731 N 58 AVE**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BREZO, HERMES</b>	
STREET ADDRESS	<b>C/O 3216 GRAND AVENUE</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BREZO, HERMES</b>	
STREET ADDRESS	<b>3216 GRAND AVE</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BREZO, HERMES</b>	
STREET ADDRESS	<b>3216 GRAND AVE</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-15-00**

Date

**305)4445415**

Daytime Phone #

# GROVE CYCLE

3216 Grand Avenue  
Coconut Grove, Florida 33133

Doc # P95 000091796  
108002

Department of State  
Division of Corporation

August 14, 2000

To whom it may concern:

I am replying to the attached Annual Reports Section I have just received. It seems that the original to my first letter (copy attached) may have become separated from my filing fee and application.

The issue is that since I have never received this year's application and I was not notified until the late fee was assessed, that I should only write a Letter of Explanation and send it along with my \$150.00 payment (of which I did in my last letter). Please make sure that this all stays together. I was assured that the \$400.00 late fee would be waived.

I again spoke with your help line on August 3, 2000. The Division of Corporations gave me a second number at (850) 487-6059; I was instructed to rewrite my explanation and I am enclosing a copy of my original letter and a copy of the 2000 Uniform Business Report Document # P95000091796 that was sent to me.

Please contact me at (305) 444-5415 if there are any more concerns.

Sincerely,

Hermes Brezo', President  
(305) 444-5415