

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008223

1. Entity Name

GROVE GROUP HOLDINGS, INC.

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

05-17-2000 90866 050 ***150.00

Principal Place of Business

%KLUGER, PERETZ, KAPLAN & BERLIN, P.A.
1700 MIAMI CENTER, 201 S. BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address

2665 S BAYSHORE DRIVE
SUITE 302
COCONUT GROVE FL 33133-5402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1501 Collins Avenue

Suite, Apt. #, etc.

3rd Floor

City & State

Miami Beach FL

Zip

33139

Country

USA

3. Mailing Address

1501 Collins Avenue

Suite, Apt. #, etc.

3rd Floor

City & State

Miami Beach FL

Zip

33139

Country

USA

4. FEI Number 65-0477084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KWIAT, ANDREW
2665 S BAYSHORE DRIVE
SUITE 302
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Andrew Kwiat

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

1501 Collins Avenue

3rd Floor

City

Miami Beach

FL

Zip Code

33139

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

7/28/00

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	DV	<input type="checkbox"/> Delete
NAME	MEUNIER, JEAN MARC	
STREET ADDRESS	2665 S BAYSHORE DRIVE SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FAZILLEAU, ERIC	
STREET ADDRESS	2665 S BAYSHORE DRIVE SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	LENTINI, ANDRE	
STREET ADDRESS	2665 S BAYSHORE DRIVE SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KWIAT, ANDREW	
STREET ADDRESS	2665 S BAYSHORE DRIVE SUITE 302	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meunier, Jean Marc	
STREET ADDRESS	1501 Collins Avenue 3rd Floor	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fazilleau, Eric	
STREET ADDRESS	1501 Collins Avenue 3rd Floor	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lentini, Andre	
STREET ADDRESS	1501 Collins Avenue 3rd Floor	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kwiat, Andrew	
STREET ADDRESS	1501 Collins Avenue 3rd Floor	
CITY-ST-ZIP	Miami Beach FL 33139	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/00