

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060704

1. Entity Name

GROVE PYRATES, INC.

Principal Place of Business

Mailing Address

3117 COMMODORE PLAZA
COCONUT GROVE FL 33133
US

3117 COMMODORE PLAZA
COCONUT GROVE FL 33133-4540
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0771180

Applied For

Not Applied For

Zip

Country

Zip

Country

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

REUS, ALEXANDER ESQ
BAUR, WOODBRIDGE, REUS & KLEIN, PA
#2100
MIAMI FL 33132

Name DOMINIC L. LAMBERTI

Street Address (P.O. Box Number is Not Acceptable)
420 S. DIXIE HWY, # 2B
PADGETT BUSINESS SERVICES

City CORAL GABLES

FL

Zip Code 33146

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME JOENSSON, SOEREN ☐ Delete
STREET ADDRESS 3117 COMMODORE PLAZA
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE Joensson, Soeren ☒ Change ☐ Addition
NAME
STREET ADDRESS 3099 Bird Ave
CITY-ST-ZIP Coconut Grove FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Soeren Joensson

Date

Daytime Phone #

1/28/00

305-447043

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90034 007 ***150.00



DO NOT WRITE IN THIS SPACE