2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P97000090813 **GROVE INVESTMENTS CORPORATION** 02-01-2000 90111 005 ***150.00 Mailing Address Principal Place of Business 12395 SOUTH DIXIE HWY. 12395 SOUTH DIXIE HWY. MIAMI FL 33156-5237 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0861849 Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOULOS, JAMES** Street Address (P.O. Box Number is Not Acceptable) 12395 SOUTH DIXIE HWY. MIAMI FL 33156 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE **BOULOS, JAMES** NAME NAME STREET ADDRESS 3198 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change Addition TITLE TITLE ☐ Defete NAME BOULOS, VICTOR JR. NAME STREET ADDRESS STREET ADDRESS 3198 SOUTH DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Addition Delete ☐ Change TITLE BOULOS, MARIO NAME NAME STREET ADDRESS STREET ADDRESS 3198 SOUTH DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change Addition ☐ Delete TITLE TITLE **BOULOS, RICHARD** NAME NAME 3198 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ****** ☐ Change ☐ Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 redeiver 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.

FILED