

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065489

1. Entity Name

VMA GROVE, INC.

Principal Place of Business

13334 POLO CLUB RD. #339  
WELLINGTON FL 33414

Mailing Address

13334 POLO CLUB RD. #339  
WELLINGTON FL 33414-7242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0865756

Applied For

Not Applicable

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

MARTIN, GERALD A  
1201 US HWY ONE, STE 215  
NORTH PALM BEACH FL 33408

Name

John Fenn Foster

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

501 S. Flagler Dr, Suite 305

City

West Palm Beach

FL

Zip Code

33401

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)

2/29/00

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	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, VIVIAN CARTA	
STREET ADDRESS	13334 POLO CLUB RD, #339	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, ALBERTO C	
STREET ADDRESS	13334 POLO CLUB RD, #339	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTA BROWN, MARIA TERESA	
STREET ADDRESS	13334 POLO CLUB RD, #339	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTA, ALINA M	
STREET ADDRESS	13334 POLO CLUB RD, #339	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TIGLE, JORGE	<input type="checkbox"/> Delete
NAME	IGLESIAS, JORGE	
STREET ADDRESS	1843 INDIAN ROAD	
CITY-ST-ZIP	W PALM BEACH FL 33414	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, GERALD A	
STREET ADDRESS	1201 US HWY 1 STE 215	
CITY-ST-ZIP	N PALM BEACH FL 33408	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Iglesias Jorge	
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: *Vivian Carta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

DATE

(561) 793-6398

Daytime Phone #

CR2E034 (9/99)