

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90050 037 ***150.00

DOCUMENT # P99000052484

1. Entity Name

ENCLAVE OF COCONUT GROVE, INC.

Principal Place of Business

Mailing Address

6108 AV W 26 ST
 OFFICE
 SUNRISE FL 33313

6108 AV W 26 ST
 OFFICE
 SUNRISE FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

✓ 3303 Grand Avenue

3. Mailing Address

595 NE 96 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Grove Miami FL

City & State

Miami Shores FL

Zip

✓ 33133

Country

✓ USA

Zip

33138

Country

USA

4. FEI Number

65-0929224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLSTEIN, LEROY
 6108A NW 26 ST
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Jorge Bibilonia

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

595 NE 96 Street

City Miami Shores

FL

Zip Code

33138

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

Jorge Bibilonia - Director

1/29/02

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, LEROY	
STREET ADDRESS	545 MICHIGAN AVE. SUITE 1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIBILONIA, JORGE	
STREET ADDRESS	595 NE 96 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLSTEIN, LEROY	
STREET ADDRESS	6108 A N/W 26 ST	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BILONIA, JOAGE B	
STREET ADDRESS	595 N/E 96ST	
CITY-ST-ZIP	MIAMI FL 33138	
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:

Jorge Bibilonia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

Date

(305) 759-0470

Daytime Phone #

CR2E034 (9/01)