

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-14-2002 90050 037 ***150.00

UBR 2002

DOCUMENT # P99000052484
 1. Entity Name
ENCLAVE OF COCONUT GROVE, INC.

Principal Place of Business 6108 AV W 26 ST OFFICE SUNRISE FL 33313	Mailing Address 6108 AV W 26 ST OFFICE SUNRISE FL 33313
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3303 Grand Avenue Suite, Apt. #, etc.	3. Mailing Address 595 NE 96 Street 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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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** DATE: **1/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE: **1/29/02** DAYTIME PHONE #: **(305) 759-0470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)