

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053974

1. Entity Name

THE GROVE MODERN LAUNDRY, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90186 031 ***150.00

Principal Place of Business

545 MICHIGAN AVENUE SUITE 1
MIAMI BEACH FL 33139

Mailing Address

545 MICHIGAN AVENUE SUITE 1
MIAMI BEACH FL 33139-6327

2. Principal Place of Business

3305 GRAND AVE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL 33133

City & State

SA ME

4. FEL Number

65-092-9223

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 S BISCAYNE BLVD SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name LeRoy Goldstein
Street Address (P.O. Box Number is Not Acceptable)
17621 S/W 61 CT.

City Ft. Lauderdale FL Zip Code 33331

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

2/15/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, LEROY	
STREET ADDRESS	545 MICHIGAN AVENUE SUITE 1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIBILONIA, JORGE	
STREET ADDRESS	545 MICHIGAN AVENUE SUITE 1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	goldstein	
STREET ADDRESS	17621 S/W 61 CT	
CITY-ST-ZIP	Ft. Lauderdale FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorge Bibilonia	
STREET ADDRESS	795 NW 96th	
CITY-ST-ZIP	Miami Shores 33138	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/2000 305-613-3164

CR2E034 1/9/99