

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90118 007 ***150.00

DOCUMENT # 218602

1. Entity Name
EAST COAST GROVES, INC.

DO NOT WRITE IN THIS SPACE

830944

2. Principal Place of Business
111 WEST 50TH STREET

3. Mailing Address
111 WEST 50TH STREET

Suite, Apt. #, etc.
SUITE 4658

Suite, Apt. #, etc.
SUITE 4658

City & State
NEW YORK, NY

City & State
NEW YORK, NY

4. FEI Number
59-1035322

Applied For
Not Applicable

Zip Country
10020 USA

Zip Country
10020 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

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 _____ DATE _____
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. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME ROSENTHAL, JANICE
STREET ADDRESS 2 EAST 88TH STREET
CITY-ST-ZIP NEW YORK, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02
Date

Daytime Phone #

CR2E034B (12/01)