NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Amended
02 MAY 28 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744243

1. Entity Name

Bridgeport II Townhouse Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2927 Bridgeport Ave.	2927 Bridgeport Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Grove, FL	City & State: Coconut Grove, FL
Zip: 33133 Country: USA.	Zip: 33133 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 591901544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Atinuj Tantivit

Street Address (P.O. Box Number is Not Acceptable): 2927 Bridgeport Ave.

City: Coconut Grove **FL** Zip Code: 33133

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: Atty 2 Ent. 5/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSDT	TITLE	
NAME	Atinuj Tantivit	NAME	
STREET ADDRESS	2927 Bridgeport Ave.	STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Gregory Lane	NAME	
STREET ADDRESS	2929 Bridgeport Ave.	STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Alberto Baptista	NAME	
STREET ADDRESS	2925 Bridgeport Ave.	STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Adria Villaverde	NAME	
STREET ADDRESS	2923 Bridgeport Ave.	STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Atty 2 Ent. 5/15/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # DOC # 744243

Due to an error, this document was filed w/o the $61.25 payment. (5/6/02)

A check for $8.75 was issued for the certificate of Status w/ the 1st amended document dated 5/6/02.

RSMAS

UNIVERSITY OF Miami