## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 15, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 744243 1. Entity Name 04-15-2003 90099 006 \*\*\*\*61.25 BRIDGEPORT II TOWNHOUSE ASSOCIATION, INC. Principal Place of Business Mailing Address 2927 BRIDGEPORT AVE 2927 BRIDGEPORT AVE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 US 2. Principal Place of Business 3. Mailing Address 2925 Bridge 2925 Ruidgepoint Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1901544 Applied For Not Applicable OCOnut Zip \$8.75 Additional 5. Certificate of Status Desired 33133 Miami Fee Required Miami 6. Name and Address of Current Registered Agent Z-Name and Address of New Registered Agent TANTIVIT, ATINUJ 2927 BRIDGEPORT AVE COCONUT GROVE FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE Delete TITLE Change LANE, GREGORY NAME NAME 2929 BRIDGEPORT AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33133** CITY-ST-ZIP **PSDT** Delete TITLE Addition TANTIVIT, ATINUJ NAME NAME STREET ADDRESS 2927 BRIDGEPORT AVE STREET ADDRESS CITY-ST-ZIP **COCONUT GROVE FL 33133** CITY-ST-ZIP President TITLE ☐ Delete TITLE Change ☐ Addition Alberto BAPTISTA, ALBERTO NAME NAME 2925 BRIDGEPORT AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Delete TITLE ☐ Change ☐ Addition TITLE VILLAVERDE. ADRIA NAME NAME 2923 BRIDGEPORT AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** TITLE ☐ Change **Addition** ☐ Delete Director TITLE martiaa, NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ABBRATURE RECAMBERS Batista

□ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4/03/03

600 476-0650

☐ Change

☐ Addition