

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765043

1. Entity Name

BIRMGROVE TOWNHOUSES CONDOMINIUM, INC.

Principal Place of Business

CAPITAL DEV AND INVESTMENT CORP.
2150 CORAL WAY, SIXTH FLOOR
MIAMI FL 33145

Mailing Address

CAPITAL DEV AND INVESTMENT CORP.
2150 CORAL WAY, SIXTH FLOOR
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0504654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GARY V ESQ.
1230 NW 7TH STREET
MIAMI FL 33125

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	BARROSO, ED	
STREET ADDRESS	C/O 2150 CORAL WAY 6TH FL	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOVIO, HECTOR	
STREET ADDRESS	% 2150 CORAL WAY, 6TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GERRISH, SUSAN	
STREET ADDRESS	% 2150 CORAL WAY, 6TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SIDES, REBECCA	
STREET ADDRESS	2150 CORAL WAY 6TH FL	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUACES, LOUDES	
STREET ADDRESS	2150 CORAL WAY 6TH FL	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINIELLA, RAFAEL	
STREET ADDRESS	2150 CORAL WAY, 6TH FL	
CITY-ST-ZIP	MIAMI, FL. 33145	
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		

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.

SIGNATURE:

Hector Lovio

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90071 040 ****61.25

000000



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)