

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 225410

1. Entity Name

BRIDGE REALTY CORPORATION

Principal Place of Business

908 RIVA RIDGE DR
GREAT FALLS VA 22066
US

Mailing Address

1527 WEST HILLSBOROUGH AVENUE
TAMPA FL 33603
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MAMONTOFF, NADINE
5289 EHRlich RD.
2ND FLOOR
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

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

1527 West Hillsborough Ave.

City

Tampa

FL

Zip Code

33603

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BROKER, HELEN	
STREET ADDRESS	4435 SAUGUS AVE	
CITY-ST-ZIP	SHERMAN OAKS CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, SOPHIE	
STREET ADDRESS	2 SCHNEIDER AVENUE	
CITY-ST-ZIP	HIGHLAND FALLS NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLANDER, ADRIAN	
STREET ADDRESS	908 RIVA RIDGE DR	
CITY-ST-ZIP	GREAT FALLS VA	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAINER, RICHARD	
STREET ADDRESS	3251 LONGRIDGE AVENUE	
CITY-ST-ZIP	SHERMANOAKS CA	
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	<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	<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:

Adrian G. Hollander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adrian G. Hollander

4/19/01

Date

813-920-7922
703-759-3454

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90344 008 ***150.00



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)