

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90087 033 ****61.25

610568



DO NOT WRITE IN THIS SPACE

DOCUMENT # 747301

1. Entity Name

BAMBOO GROVE TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3120-3122-3124-3126 MARY STREET
 COCONUT GROVE FL 33133
 US

3122 MARY STREET
 COCONUT GROVE FL 33133

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

NOT APPLICABLE

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

ROSENTHAL, ALAN
~~200 S BISCAYNE BLVD~~
~~20TH FLOOR~~
 MIAMI FL 33131-2310

Name **ALAN ROSENTHAL**
 Street Address (P.O. Box Number is Not Acceptable)
2601 SOUTH BAYSHORE DRIVE
90 ADRNO + ZEDER
 City **MIAMI** 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUSS, PAUL 3122 MARY STREET COCONUT GROVE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CINTIA, SHAND 3120 MARY STREET COCONUT GROVE ST	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDES, AUROLINA 3124 MARY ST COCONUT GROVE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AYLWARD, SARAH 3126 MARY STREET COCONUT GROVE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Signature REPAIRS: STRAUSS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 3, 2001
 Date

305.446.4326
 Daytime Phone #

CR2E037 (10/00)