

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **748547**

1. Entity Name

**THE COURTS OF BIRDWOOD CONDOMINIUM ASSOCIATION I**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90118 020 \*\*\*\*61.25

Principal Place of Business

**3749 SW 99 AVE #4  
 MIAMI FL 33165**

Mailing Address

**SPM GROUP, INC.  
 2151 LE JEUNE RD #305  
 CORAL GABLES FL 33134-4200  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2500 NW 97 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200**

City & State

City & State

**MIAMI FL 33172**

4. FEI Number

**59-2100472**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPM GROUP, INC.  
 2151 LE JEUNE ROAD  
 STE 305  
 CORAL SPRINGS FL 33134**

Name

**Ronald Yablun**

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

**699 S Federal Highway**

City

**Hollywood**

FL

Zip Code

**33020**

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

**Ronald Yablun**

**2/1/00**

Signature, typed or printed name of registered agent and title, 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 **TD**  Delete  
 NAME **MENDEZ, ANTONIO**  
 STREET ADDRESS **3749 SW 99 AVE #4**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **CASTALEDA, DOMINGO**  
 STREET ADDRESS **3721 SW 99 AVE #8**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **MARTINEZ, JOSE**  
 STREET ADDRESS **3859 SW 99 AVE #6**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

**Danny Castaneda**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/00**

Date

Daytime Phone #

CR2E037 (9/99)