2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90100 012 ****61.25

DOCUMENT # 761265

1. Entity Name

BRIDGEPORT VILLAS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
3095 BIRD AVE COCONUT GROVE FL 33133	P.O. BOX 330501 COCONUT GROVE FL 33233-0501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
The Foster Company	T F C
Suite, Apt. #, etc.: 12394 SW 82 Ave	Suite, Apt. #, etc.: PO BOX 565820
City & State: Miami FL	City & State: Pinecrest FL
Zip: 33156 Country: USA	Zip: 33256 Country: USA

4. FEI Number: 59-2359785 ☐ 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
MC COY, JANET E 3095 BIRD AVE COCONUT GROOVE FL 33133	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEGAS, MARIA 2991 BRIDGEPORT AVENUE COCONUT GROVE FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Supik, Maria	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SACHSE, LYNN 2995 BRIDGEPORT AVENUE COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MC COY, JANET E 3095 BIRD AVE COCONUT GROVE FL 33133	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Roberts, Franka 3095 Bird Ave Coconut Grove FL 33133	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Maria Supik MARIA SUPIK 4/8/00 (305)567-9899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #