

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765043

1. Entity Name

BIRDGROVE TOWNHOUSES CONDOMINIUM, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90013 014 ****61.25

Principal Place of Business Mailing Address
% CAPITAL DEVELOPMENT AND INVESTMENT CORP. % CAPITAL DEVELOPMENT AND INVESTMENT CORP.
2150 CORAL WAY, SIXTH FLOOR 2150 CORAL WAY, SIXTH FLOOR
MIAMI FL 33145 MIAMI FL 33145-2629

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BARROSO, ED
STREET ADDRESS C/O 2150 CORAL WAY 6TH FL
CITY-ST-ZIP MIAMI FL 33145
TITLE DT ☐ Delete
NAME LOVIO, HECTOR
STREET ADDRESS % 2150 CORAL WAY, 6TH FLOOR
CITY-ST-ZIP MIAMI FL 33145
TITLE SD ☒ Delete
NAME ~~QUARTZ, PETER~~
STREET ADDRESS % 2150 CORAL WAY, 6TH FLOOR
CITY-ST-ZIP MIAMI FL 33145
TITLE VD ☐ Delete
NAME SIDES, REBECCA
STREET ADDRESS 2150 CORAL WAY 6TH FL
CITY-ST-ZIP MIAMI FL 33145
TITLE D ☒ Delete
NAME ~~BROWN, SCOTT~~
STREET ADDRESS 2150 CORAL WAY 6TH FL
CITY-ST-ZIP MIAMI FL 33145
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☒ Change ☐ Addition
NAME SUSAN GERRISH
STREET ADDRESS
CITY-ST-ZIP
TITLE ☒ Change ☐ Addition
NAME LOURDES LUACES
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)