Apr 28, 2003 8:00 am Secretary of State

DE ANNO PER PRESENTAR DE PRESEN

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J42748

DOCUMENT #

1. Entity Name BIRD REALTY, INC.



Principal Place of Business 2790 NE 57TH COURT FT. LAUDERDALE FL 33308

Mailing Address 2790 NE 57TH COURT FT. LAUDERDALE FL 33308

					<u> </u>	
2. Principal Place of Business		3. Mailing Address		T LEBRICH BERT BERT PER LETTER BURD FOR	1864 DIDAH DIDAH DEBUK BEDER JUDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2744200	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
				Name		
BIRD, LINDA W						
•			Street A	dress (P.O. Box Number is Not Acceptable)		
2790 N.E. 57TH CT.						
FT. LAUDERDALE FL 33308						
			City	City FL Zip Code		
		t for the purpose of changing	its registered office or	registered agent, or both, in the State of Florida. I am f	amiliar with, and accept	
the obligat	ions of registered agent.					
SIGNATURE .						
diana irone .	Signature, typed or printed name of registered ag	gent and title if applicable. (i	NOTE: Registered Agent signatu	re required when reinstating) DATE		
*E	ILE, NOW!!! FEE IS \$150.00					
After May 1, 2003, Each will be \$550.00.						
	Payable to Florida Department			Trust Fund Contribution.	Added to Fees	
10.	<u> </u>	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	DP OF TIGHTS AT	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Addition	
NAME	BIRD, LINDA W	L Defete	NAME		Change Addition	
STREET ADDRESS	2790 N.E. 57TH COURT		STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP			
TITLE		Delete	TITLE		Change Addition	
NAME		Detete	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	<i>;</i>		CITY-ST-ZIP			
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CITY-ST-ZIP	:		CITY-ST-ZIP			
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CITY-ST-ZIP .		•	CITY-ST-ZIP	•		
TITLE	"	☐ Delete	TITLE	A Section Control of the Control of	☐ Change ☐ Addition	
NAME		3510.05	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			C1TY-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 607, 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: