

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90168 028 \*\*\*\*50.00

**DOCUMENT # L01000019383**

1. Entity Name

**THE BRIDGE @ CORDOVA, LLC**

Principal Place of Business

**647 CAMBRIDGE TERRACE  
 WESTON FL 33326**

Mailing Address

**647 CAMBRIDGE TERRACE  
 WESTON FL 33326**

2. Principal Place of Business

**1441 CORDOVA Rd  
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 550070  
 Suite, Apt. #, etc.**

City & State

**FT. LAUDERDALE**

City & State

**FT. LAUDERDALE**

4. FEI Number

**65-1154343**

Applied For

☐ Not Applicable

Zip

**33326**

Country

**BROWARD**

Zip

**33326**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FORD, LEIGH ANN  
 647 CAMBRIDGE TERRACE  
 WESTON FL 33326**

7. Name and Address of New Registered Agent

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 \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete  
 NAME **LEIGH A. FORD**  
 STREET ADDRESS **647 CAMBRIDGE TERRACE**  
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **MEMBER** ☐ Delete  
 NAME **RICHARD S. FORD**  
 STREET ADDRESS **647 CAMBRIDGE TERRACE**  
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE **MEMBER** ☐ Delete  
 NAME **SUBAN JARMARU**  
 STREET ADDRESS **1941 NW 33RD ST.**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **MEMBER** ☐ Delete  
 NAME **RICHARD JARMARU**  
 STREET ADDRESS **1941 NW 33RD ST.**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/14/02**

Date

**954 236 8800**

Daytime Phone #

CR2E083 (9/01)