

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90027 004 ***150.00

DOCUMENT # P00000066420

1. Entity Name

BIRD SQUARE PLAZA MANAGEMENT, INC.

Principal Place of Business

**12185 S. DIXIE HIGHWAY
 MIAMI FL 33156**

Mailing Address

**12185 S. DIXIE HIGHWAY
 MIAMI FL 33156**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65 1060420

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001: Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE **D** Delete
 NAME **SU, SIXTO**
 STREET ADDRESS **12185 S. DIXIE HIGHWAY**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** Change Addition
 NAME **Su, Sixto**
 STREET ADDRESS **8905 S. W. 102 Terrace**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Su, Hilda**
 STREET ADDRESS **8905 S. W. 102 Terrce**
 CITY-ST-ZIP **Miami, FL. 33176**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Su, Henry**
 STREET ADDRESS **11274 S. W. 73rd. Terrace**
 CITY-ST-ZIP **Miami, FL. 33172**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Su, James**
 STREET ADDRESS **8905 S. W. 102 Terrace**
 CITY-ST-ZIP **Miami, FL. 33176**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Su, David**
 STREET ADDRESS **8905 S. W. 102 Terrace**
 CITY-ST-ZIP **Miami, FL. 33176**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 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

JAMES SU

1-30-01

Date

(305) 251-7616

Daytime Phone #

CR2E034 (10/00)

018K