

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90110 002 \*\*\*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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-1060420**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~FILINGS, INC.~~  
~~3732 N.W. 10TH STREET~~  
~~FT. LAUDERDALE FL 33311-4132~~

**Name** **James Su**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**12185 South Dixie Hwy.**  
**Miami, Florida 33156**  
**City** **Miami** **FL** **Zip Code** **33156**

**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** *James Su* **JAMES SU** **Feb. 20, 2002**  
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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SU, SIXTO</b>	
<b>STREET ADDRESS</b>	<b>8905 S.W. 102 TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33176</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SU, HILDA</b>	
<b>STREET ADDRESS</b>	<b>8905 S.W. 102 TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33176</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SU, HENRY</b>	
<b>STREET ADDRESS</b>	<b>11274 S.W. 73RD TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33172</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SU, JAMES</b>	
<b>STREET ADDRESS</b>	<b>8905 S.W. 102 TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33176</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SU, DAVID</b>	
<b>STREET ADDRESS</b>	<b>8905 S.W. 102 TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33176</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *James Su* **SIGNATURE REQUIRED** **Feb. 20, 2002** **(305) 251-7616**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)