

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**  
 04-15-2002 90003 019 \*\*\*150.00

0250165 AV

**DOCUMENT # P01000084998**

**1. Entity Name**  
**OLD WOODEN BRIDGE MANAGEMENT CORP.**

**Principal Place of Business**

**8500 SW 107 ST**  
**MIAMI FL 33156**

**Mailing Address**

**8500 SW 107 ST**  
**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**

☒ 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**

**PERSAUD, SAMUEL A ESQUIRE**  
**1320 S DIXIE HWY, STE 715**  
**CORAL GABLES FL 33146**

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, 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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D BLACK, JAMES C**  
**8500 SW 107 ST**  
**MIAMI FL 33156**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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☐ Change ☒ Addition

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**CITY-ST-ZIP**

**WILLIAM SANTOR**  
**14200 SW 116 TERR**  
**MIAMI FL 33186**

☐ Change ☒ Addition

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**STREET ADDRESS**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**S ROXANNE WHITE**  
**19451 SW 87 CT**  
**MIAMI FL 33157**

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☐ Change ☐ Addition

**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 C Black** **4/5/02** **305-669-5300**

Date Daytime Phone #

CR2E034 (9/01)