

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90067 045 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1178258
APPLIED FOR

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BLACK, JAMES "CHIP"**
STREET ADDRESS **BOGIE DRIVE**
CITY-ST-ZIP **BIG PINE KEY FL 33043**

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

TITLE **T** ☐ Delete
NAME **SANTOR, WILLIAM**
STREET ADDRESS **14200 SW 116 TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition
NAME **SANTOR, BARBARA**
STREET ADDRESS **14200 SW 116 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **S** ☐ Delete
NAME **WHITE, ROXANNE**
STREET ADDRESS **19451 SW 87 CT**
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03 305-606-6489
Date Daytime Phone #

CR2E034 (10/02)