## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL RÉPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000074703

1. Corporation Name

BRIDGE INVESTMENT & REALTY, INC.

	·										
Principal Place of Business Mailing Address									. 1961) 81811 (481)		
801 NE 167TH STREET 801 NE 167TH STREET SUITE 310 SUITE 310			STREET						,		
MIAMI FL 33162 MIAMI FL 33162							DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifo 09/26/1995	ed			
2. Principal P	lace of Business	2a. Mailing Add	iress			4.	FEI Number		Ар	plied For	
21		. 26					65-0655174		No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5.	Certificate of Status Desired		<b>\$8.75</b> A Fee Re			
City & State City & State						6.	Election Campaign Financin	na _	\$5.00	May Be	
23 28							Trust Fund Contribution	"	Added t		
Zip	Country Zip  25 29			Country 30	1	8.	This corporation owes the o	urrent year In	tangible	□No	
	9. Name and Address of C					10.	Name and Address of Ne	w Registered	Agent		
SHA	HAB, EMILIE M	Madle Chi	·	81	Name	,					
20100 HIGHLAND LAKES BLVD			82 Street Add		lress (P	O. Box Number is Not Acce	ptable)	*.* * * *			
MIAI	MI FL 33179			83							
		4		84	City			FI	85 Zip (		
11. Pursuant office or ragent. Fa	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the c	7.0502 and 607.1508, Flor state of Florida. Such cha- bligations of, Section 607	rida Statute nge was au '.0505, Flori	es, the above othorized by ida Statutes	L e-named con the corporati	poration ion's bo	submits this statement for the sard of directors. I hereby ac	he purpose o cept the appo	f changing its intment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registers		/NOTE:	Ossistand Ass	nt signature require	nd whon re	ninetating)	DATE			
12.		S AND DIRECTORS	(NOTE:	13.	ir zičirarore redom		ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12	
TITLE	D 011102.1		DELETE	1.1 TITLE			\$ 15 to \$ 5 to \$		☐ Change	Addition	
NAME .	SHAHAB, EMILIE M	. —		1.2 NAME			, v				
STREET ADDRESS	20100 HIGHLAND LAKES	RI VD			TADORESS						
14144 F1 00470			1.4 CITY-ST-ZIP								
CITY-ST-ZIP TITLE	MICAMI E COTTO	П	DELETE	2.1 TITLE	1-21				☐ Change	Addition	
NAME		_		2.2 NAME						<del>_</del>	
STREET ADDRESS					TADORESS						
CITY-ST-ZIP		Spring of the state of		2. 4 CITY-5	T-ZIP						
TITLE 9324	Mag to be to the	1248362 of 184 of 18	DELETE	3.1 TITLE					Change	Addition	
NAME		A 1874		3.2 NAME 3.3 STREE							
STREET ADDRESS CITY-ST-ZIP				3.4. CITY+5	<del>}</del>			-			
TITLE			DELETE	4.1 TITLE			· •		☐ Change	☐ Addition	
NAME	SWIE		<del></del>	4. 2 NAME	-			-	•		
STREET ADDRESS			•	4.3 STREE	TADORESS						
CITY-ST-ZIP				4.4 CITY-S	T-ZIP					<b>□ 4</b> .130.	
TITLE			DELETE	5.1 TITLE					Change	☐ Addition	
NAME				5.2 NAME			k = 1 - 1 - 1		,		
STREET ADDRESS	i										
CITY-ST-ZIP	# "			5.4 CITY-S	TADORESS T-ZIP		1.1.4.				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

新科特 经共享的 医胚层

☐ DELETE

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90085 044 \*\*\*150.00

Change

Addition