2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P95000074703** Jun 09, 2000 8:00 am **Secretary of State** BRIDGE INVESTMENT & REALTY, INC. 06-09-2000 90019 011 ***550.00 Mailing Address Principal Place of Business 801 NE 167TH STREET 801 NE 167TH STREET SUITE 310 SHITE 310 MIAMI FL 33162-3729 MIAMI FL 33162 ひひひひんんんだ 2. Principal Place of Business 3. Mailing Address 998 NE 167 Street STREET 998 NE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0655174 FL FL MAM 11.AMI Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAHAB, EMILIE M Street Address (P.O. Box Number is Not Acceptable) 998 NE 167 STREET 20100 HIGHLAND LAKES BLVD. **MIAMI FL 33179** 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. Emilia Thahas. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back)

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete SHAHAB, EMILIE M 20100 HIGHLAND LAKES BLVD. MIAMI FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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



1305) 682-1210

5.31.00

Daytime Phone #