

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90072 001 \*3,776.25

**DOCUMENT # L30756**

1. Entity Name

**LA GORCE PALACE, INC.**

Principal Place of Business

Mailing Address

11098 BISCAYNE BLVD.  
 SUITE 402  
 MIAMI FL 33161-7486

11098 BISCAYNE BLVD.  
 SUITE 402  
 MIAMI FL 33161-7491

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0227244**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BEDZOW, MICHAEL ESQ.**  
**20803 BISCAYNE BLVD**  
**SUITE 200**  
**AVENTURA FL 33180**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDZOW, CHARLES	NAME	
STREET ADDRESS	11098 BISCAYNE BLVD. 402	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDZOW, SALLY	NAME	
STREET ADDRESS	11098 BISCAYNE BLVD. #402	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, CAMILO	NAME	
STREET ADDRESS	11098 BISCAYNE BLVD SUITE 402	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	<i>Delete</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**

*Charles Bedzow*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Bedzow

Date

*2/18/00*

Daytime Phone #

305-891-7987

CR2E034 (9/99)