2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90997 043 ***150.00

DOCUMENT # 333120

1. Entity Name
OLIVER HOUSE CORPORATION

Principal Place of Business	Mailing Address
11098 BISC. BLVD. SUITE 402 MIAMI FL 33161	11098 BISC. BLVD. SUITE 402 MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20803 Biscayne Blvd	20803
Suite, Apt. #, etc.: Ste 200	Suite, Apt. #, etc.: Ste 200
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number 59-1232723 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL ESQUIRE
20803 BISCAYNE BOULEVARD
SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: Olga L. Aleman, LL.M.
Street Address (P.O. Box Number is Not Acceptable): 20803 Biscayne Blvd
Ste 200
City: Aventura **FL** Zip Code: 33180

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 _____ 4-23-01
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, 2001 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	PTD BEDZOW, CHARLES 11098 BISC. BLVD. #402 MIAMI FL 33161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MICHAEL Bedzow Esq. 20803 Biscayne Blvd Aventura, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BEDZOW, SARA 11098 BISC. BLVD. #402 MIAMI FL 33161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____ 4/25/01 305/891-7987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #