

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

2. Principal Place of Business

3. Mailing Address

20803 Biscayne Blvd
Suite, Apt. #, etc.
Ste 200

20803
Suite, Apt. #, etc.
Ste 200

City & State
Aventura, FL
Zip
33180
Country
USA

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Aventura, FL
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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

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
PTD
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

TITLE
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☐ 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 305/891-7987
Date Daytime Phone #

CR2E034 (10/00)