

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 595038

1. Entity Name
THREE ISLANDS SOUTHEASTERN, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90997 028 ***150.00

Principal Place of Business
11098 BISCAYNE BLVD., SUITE #402
N MIAMI FL 33161

Mailing Address
11098 BISCAYNE BLVD., SUITE #402
N MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

City & State
Aventura, FL

Zip Country
33180 USA

3. Mailing Address

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

City & State
Aventura, FL

Zip Country
33180 USA

4. FEI Number 59-1871803

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, ESQ.
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180

Name
OLGA L. ALEMAN, LL.M.

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, 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 BISCAYNE BLVD #402
N. MIAMI FL 33161 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MICHAEL BEDZOW, ESQ.
20803 Biscayne Blvd #200
Aventura, FL 33180 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BEDZOW, SARA
11098 BISCAYNE BLVD #402
N. MIAMI FL 33161 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

Date

Daytime Phone #

CR2E034 (10/00)