

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90997 049 ***150.00

DOCUMENT # 635999

1. Entity Name

BISCAYNE COVE SOUTHEASTERN, INC.

Principal Place of Business

Mailing Address

11098 BISCAYNE BLVD., SUITE #402
 N MIAMI FL 33161-7489

11098 BISCAYNE BLVD., SUITE #402
 N MIAMI FL 33161-7489

2. Principal Place of Business

3. Mailing Address

20803 Biscayne Blvd

20803 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Aventura, FL

Aventura, FL

Zip

Country

Zip

Country

33180

USA

33180

USA

6. Name and Address of Current Registered Agent

4. FEI Number **59-1977870**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

OLGA L. ALEMAN, L.L.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 **PTD**
 NAME **BEDZOW, CHARLES**
 STREET ADDRESS **11098 BISCAYNE BLVD #202**
 CITY-ST-ZIP **N. MIAMI FL 33161**

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

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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)