

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90997 030 ***158.75

DOCUMENT # 651311

1. Entity Name

SUNSET HARBOUR HEALTH CLUB, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

20803 Biscayne Blvd

3. Mailing Address

20803 Biscayne Blvd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1251268

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

OLGA L. ALEMAN, B.L.M.

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V
NAME ALAN M. DAVID
STREET ADDRESS 20803 Biscayne Blvd #200
CITY-ST-ZIP Aventura, FL 33180 ☐ Change ☒ Addition

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

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

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

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

Date

305/891-7587

Daytime Phone #

CR2E034 (10/00)