

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 661283

1. Entity Name  
RIVE GAUCHE SOUTHEASTERN, INC.

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

05-03-2001 90997 034 \*\*\*150.00

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

City & State  
Aventura, FL

Zip  
33180

Country  
USA

3. Mailing Address

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

City & State  
Aventura, FL

Zip  
33180

Country  
USA

4. FEI Number 59-1983777

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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, 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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
BEDZOW, SARA  
11098 BISCAYNE BLVD #402  
NORTH 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  
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  
☐ Change ☐ Addition

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

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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

Date

Daytime Phone #

4/25/01 305-8917987

CR2E034 (10/00)