

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90997 031 ***150.00

DOCUMENT # 663020

1. Entity Name

SOUTHEASTERN HEADQUARTERS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

20803 Biscayne Blvd Ste 200

3. Mailing Address

20803 Biscayne Blvd Ste 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

65-0028407

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

Aventura

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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 #

4/25/01 305/891-7987

CR2E034 (10/00)