

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91207 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **675866** ✓
1. Entity Name **Bedzow & Korn, P.A.**

DO NOT WRITE IN THIS SPACE

80124504

2. Principal Place of Business **20803 Biscayne Blvd**
Suite, Apt. #, etc. **Suite 200**
City & State **Aventura**
Zip **33180** Country **US**

3. Mailing Address **20803 Biscayne Blvd**
Suite, Apt. #, etc. **Suite 200**
City & State **Aventura**
Zip **33180** Country **US**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1978991**
Applied For ☐ Not Applicable

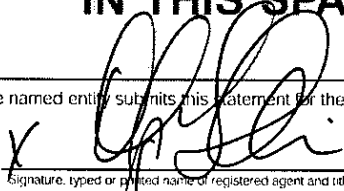
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **OLGA ALEMAN**
Street Address (P.O. Box Number is Not Acceptable) **20803 Biscayne Blvd Suite 200**
City **Aventura** FL Zip Code **33180**

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  **5/28/02**
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. ☐

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	Michael Bedzow PTD	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GARY A. KORN SVD	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/28/02**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)