2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90997 045 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L30756

1. Entity Name
LA GORCE PALACE, INC.

Principal Place of Business	Mailing Address
11098 BISCAYNE BLVD. SUITE 402 MIAMI FL 33161-7486	11098 BISCAYNE BLVD. SUITE 402 MIAMI FL 33161-7486

2. Principal Place of Business		3. Mailing Address	
20803 Biscayne Blvd		20803 Biscayne Blvd	
Suite, Apt. #, etc.: Ste 200		Suite, Apt. #, etc.: Ste 200	
City & State: Aventura, FL		City & State: Aventura, FL	
Zip: 33180	Country: USA	Zip: 33180	Country: USA

4. FEI Number 65-0227244 ☐ 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] 4-23-01
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	☒ Delete	TITLE	PSTD	☐ Change ☒ Addition
NAME	BEDZOW, CHARLES		NAME	Michael Bedzow, Esq.	
STREET ADDRESS	11098 BISCAYNE BLVD. 402		STREET ADDRESS	20803 Biscayne Blvd. #200	
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP	Aventura, FL 33180	
TITLE	VSD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BEDZOW, SALLY		NAME		
STREET ADDRESS	11098 BISCAYNE BLVD. #402		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 4/25/01 305/891-2987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)