

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91227 008 \*\*\*150.00

**DOCUMENT # L84440**

1. Entity Name  
**THE BIKINI CLUB, INC.**

Principal Place of Business      Mailing Address  
**1553 SOUTH LANE AVENUE      1553 SOUTH LANE AVENUE**  
**JACKSONVILLE FL 32210      JACKSONVILLE FL 32210**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3118212**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BEDRAN, FRED, SR.**  
**5159 PLYMOUTH STREET**  
**JACKSONVILLE FL 32205**

Name  
 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 \_\_\_\_\_ (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, 2002 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**       Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**       Change       Addition

TITLE NAME       Delete  
**P**  
**BEDRAN, SALIM M.**  
 STREET ADDRESS **2316 MISS MUFFET LANE W.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Delete  
**ST**  
**BEDRAN, ALEJANDRO**  
 STREET ADDRESS **10259 CRYSTAL SPGS RD**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Change       Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME       Change       Addition  
 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]*      **SALIM M. BEDRAN**      *[Signature]*      **Resident**      **429-02**      **904 781-1877**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)