

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

05-03-2001 90997 048 \*\*\*150.00

0198690

**DOCUMENT # M26485**

1. Entity Name  
**BISCAYNE PLACE, INC.**

Principal Place of Business <b>11098 BISCAYNE BLVD.          SUITE 402          MIAMI FL 33161</b>	Mailing Address <b>11098 BISCAYNE BLVD.          SUITE 402          MIAMI FL 33161</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>20803 Biscayne Blvd</b> Suite, Apt. #, etc. <b>Suite 200</b>	3. Mailing Address <b>20803 Biscayne Blvd</b> Suite, Apt. #, etc. <b>Suite 200</b>
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City & State <b>Aventura, FL</b>	City & State <b>Aventura, FL</b>
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Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>
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4. FEI Number <b>59-2630083</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**BEDZOW, MICHAEL  
 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 DATE **4-23-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	<b>DPT BEDZOW, CHARLES 11098 BISCAYNE BLVD MIAMI FL 33161</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS BEDZOW, SARA 11098 BISCAYNE BLVD MIAMI FL 33161</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MICHAEL BEDZOW, Esq. 20803 Biscayne Blvd #200 Aventura, FL 33180</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, and/or other like empowered.

SIGNATURE: DATE: **4/25/01** DAYTIME PHONE #: **305/891-7987**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)