

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90069 040 \*\*\*150.00

DOCUMENT # **P01000089517**

1. Entity Name

**BEDNAR DESIGNS INTERNATIONAL, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1977 NE 148th Street**

Suite, Apt. #, etc.

3. Mailing Address

**1977 NE 148th Street**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**North Miami, FL.**

City & State

**North Miami, FL.**

4. FEI Number

**65-1145075**

Applied For

Not Applicable

Zip

**33181**

Country

**USA.**

Zip

**33181**

Country

**USA**

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

**BEDNAR, JAMES M.**

Street Address (P.O. Box Number is Not Acceptable)

**1705 N.E. 137th Terrace**

City

**N. MIAMI**

**FL**

Zip Code

**33181**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PRESIDENT - P**  
**BEDNAR, JAMES M.**  
**1705 N.E. 137 TERRACE**  
**NORTH MIAMI, FL. 33181**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

**JAMES M. BEDNAR** **JAMES M. BEDNAR**

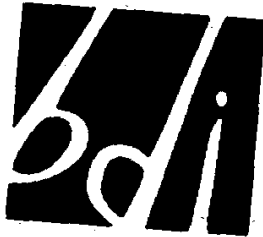
**8/26/03**

Date

**(305) 944-4416**

Daytime Phone #

CR2E034B (12/02)



Attachment  
bednar designs international, inc.

james bednar, president

1977 n.e. 148th street  
north miami, florida 33181  
305.944.4416 fax: 305.944.4471

80141846  
# P01000089517

8/26/03

Florida Dept. of State  
Secretary of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To Whom it may concern;

Enclosed please find a money order for the amount of \$150.00 made payable to Florida Dept. of State in order to expedite the Uniform Business Report for the above company. We moved in the beginning of 2003 and have not been receiving much of our mail. Therefore, having realized that this report was not filed, I called for a duplicate to be sent. If you have any questions concerning this matter please contact me at the numbers at the top of this page. Thank You.

Sincerely,  
James M. Bednar