

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90085 025 ***150.00

DOCUMENT # P02000013166

1. Entity Name
BEDOYA DEWBERRY, INC.



Principal Place of Business

2938 S.W. 36 AVENUE
MIAMI FL 33133

Mailing Address

2938 S.W. 36 AVENUE
MIAMI FL 33133

2. Principal Place of Business

1131 S.W. 27 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1131 SW 27 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

74-3028516

Applied For

Not Applicable

Zip

33135

Country

U.S.A.

Zip

33135

Country

U.S.A.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BEDOYA, JUANA HILDA
2938 S.W. 36 AVENUE
MIAMI FL 33133

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☒ Delete
NAME **DEWBERRY, MARTHA C**
STREET ADDRESS **2928 S.W. 36 AVENUE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☒ Delete
NAME **BEDOYA, JUANA HILDA**
STREET ADDRESS **2928 S.W. 36 AVENUE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
NAME **DEWBERRY, MARTHA C**
STREET ADDRESS **2938 S.W. 36 AVENUE**
CITY-ST-ZIP **MIAMI - FL 33133**

TITLE **D/S** ☒ Change ☐ Addition
NAME **BEDOYA, JUANA HILDA**
STREET ADDRESS **2938 SW 36 AVENUE**
CITY-ST-ZIP **MIAMI - FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTHA C. DEWBERRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)