2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

MIAMI FL 33133

3. Mailing Address

2938 S.W. 36 AVENUE

P02000013166 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2938 S.W. 36 AVENUE

MIAMI FL 33133

BEDOYA DEWBERRY, INC.



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

01-17-2003 90085 025 ***150.00

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1131	S.W. 27 AVENUE	//3/ ≾ŵ 2 Suite, Apt. #, etc.	7 AVENUE	e l			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			🔀 CHÊÇK HERE4F	MAKING CHANGES	;
City & Stat		City & State		I	FEI Number	A	pplied For
Zip	MI - FL	MIAMI. FL			<u> 14 - 3028516</u>		lot Applicable
331		Zip 3 3 / 3 5	Country Country	5.	Certificate of Status Desired	□ \$8.75 Ac Fee Require	
	6. Name and Address of Current R	legistered Agent		7.	Name and Address of New Re	gistered Agent	
		Name					
BEDOYA, JUANA HILDA			Street Address (P.O. Box Number is Not Acceptable)				
2938 S.W	V. 36 AVENUE	Street Address (F.O. Box Normber is Not Acceptable)					
MIAMI FL	. 33133						
			-				
		City Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its re	aistered office o	r registered ag	ent or both in the State of Flori	da I am familiar with	and accept
the obligat	ions of registered agent.		9.0.0.00	. regionalea ag	york, or boar, in the blace of Figure	Sa. Familianina With	, and accept
<u>.</u>							
SIGNATURE,	Signature, typed or printed name of registered agent and	d title if applicable /NOTE: B	lanistared Apart signal	turo roquitad u baa se		Bate	
		d title ii applicable. (1407E. N	egistered Agent signat	ure required when re	einstating)	DATE	
	LE NOW!!! FEE IS \$150,00				D. Floation Committee Fire	· · · · · · · · · · · · · · · · · · ·	
- Alici	May 1, 2003 Fee will be \$550.00				 Election Campaign Final Trust Fund Contribution. 		00 May Be d to Fees
Make Check	Payable to Florida Department of S	State ; -			mast rand Continuation.	□ Aude	J to rees
10.	. OFFICERS AND D	IRECTORS	11.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE 3	D	Delete	TITLE	DIP		Change	☐ Addition
NAME .	DEWBERRY, MARTHA C	-,	NAME	DEWISE	RRY, MARTHA C	13	
STREET ADDRESS	2928 S.W. 36 AVENUE		STREET ADDRESS	2928 <	S.W. BEAVENUE		
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP		II-FL 33/37		
TITLE	D	⊠ Delete	TITLE	D/5	Z-7- 2313 V	Change	Addition
NAME	BEDOYA, JUANA HILDA	READ DOICE	NAME	35000	Turke HEINA		L.J Audition
STREET ADDRESS	2928 S.W. 36 AVENUE		STREET ADDRESS	SEVOYA	TO A MELON		
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	143.8 5	A, JUANA HELDA SW 36 AVENUE I- FL 33133		ĺ
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NAME		T Desette	NAME			Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP				- 1
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TITLE NAME		☐ Delete	TITLE			Change	☐ Addition
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			CITY-ST-ZIP		73 Tio		
TITLE		☐ Delete	TITLE			Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS				1
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TITLE		™ □ Delete	TITLE		•	☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				·
CITY-ST-ZIP	6.		CITY-ST-ZIP			**	ĺ
12 Thereby co	ertify that the information cumplied with th	is filing does not qualify for the		and the Oranital of	140 07(0)() EL 11 0		

Intereop 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:

Daytime Phone #