

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010015

1. Entity Name
LA GORCE WEST, INC.

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90997 044 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business
11098 BISCAYNE BLVD.
SUITE 402
MIAMI FL 33161

Mailing Address
11098 BISCAYNE BLVD.
SUITE 402
MIAMI FL 33161

2. Principal Place of Business
20803 Biscayne Blvd
Suite, Apt. #, etc.
Ste 200
City & State
Aventura, FL
Zip
33180
Country
USA

3. Mailing Address
20803 Biscayne Blvd
Suite, Apt. #, etc.
Ste 200
City & State
Aventura, FL
Zip
33180
Country
USA

4. FEI Number 65-0379575
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 2 L.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
(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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDT	<input checked="" type="checkbox"/> Delete	TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDZOW, CHARLES		NAME	MICHAEL Bedzow, Esq.	
STREET ADDRESS	11098 BISCAYNE BLVD.		STREET ADDRESS	20803 Biscayne Blvd # 200	
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP	Aventura, FL 33180	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDZOW, SARA		NAME		
STREET ADDRESS	11098 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DATE 4/25/01 DAYTIME PHONE # 305/891-7987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)