

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072476

1. Entity Name

SAMEDY, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90008 046 ***150.00

Principal Place of Business

Mailing Address

1111 LINCOLN ROAD #500
 MIAMI BEACH FL 33139

1601 BELVEDERE RD
 407 SOUTH
 WEST PALM BEACH FL 33406-1541
 US

2. Principal Place of Business

1402 Devonshire Way

3. Mailing Address

1402 Devonshire Way

Suite, Apt. #, etc.

1402

Suite, Apt. #, etc.

1402

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0696953

Applied For

Not Applicable

Zip

33418

Country

Palm Beach

Zip

33418

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVEN TENDRICH
 1601 BELVEDERE RD SUITE 407
 WEST PALM BEACH FL 33406

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 **P** ☐ Delete
 NAME **TENDRICH, SAM A**
 STREET ADDRESS **4601 PONCE DE LEON, SUITE 310**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ Change ☐ Addition
 NAME **1402 Devonshire Way #1402**
 STREET ADDRESS **Palm Beach Gardens, FL**
 CITY-ST-ZIP **33418**

TITLE **S** ☐ Delete
 NAME **WAYNER, ARLYNE R**
 STREET ADDRESS **4601 PONCE DE LEON, SUITE 310**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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:

Signature of Steven Tendrich
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-00

Date

5616919480

Daytime Phone #

CR2E034 (9/99)