

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State
 09-14-2001 90008 050 ***558.75

DOCUMENT # P96000074801

1. Entity Name
BEDATAN MANAGEMENT, INC.

Principal Place of Business
6561 CASCADE ISLE BLVD
BOYNTON BEACH FL 33437
US

Mailing Address
6561 CASCADES ISLE BLVD
BOYNTON BEACH FL 33437
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0699074

Applied For

Not Applicable

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

WURTENBERGER, KENNETH P ESQ
200 EAST LAS OLAS BOULEVARD
SUITE 2900
FT. LAUDERDALE FL 33301

Name

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

5146 CLOVER CREEK DR
BOYNTON BEACH FL 33437

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **ETTINGER, DAVID**
 STREET ADDRESS **6561 CASCADES ISLE BLVD**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☒ Change ☐ Addition
 NAME **5146 CLOVER CREEK DR**
 STREET ADDRESS **BOYNTON BEACH FL 33437**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/01 (Sd) 7857440

CR2E034 (5/01)