

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038369

1. Entity Name
BOBLBEE, INC.

Principal Place of Business
547 NORTHEAST 42 STREET
OAKLAND PARK FL 33334

Mailing Address
547 NORTHEAST 42 STREET
OAKLAND PARK FL 33334

2. Principal Place of Business
1900 N Austin Ave
Suite, Apt. #, etc.

3. Mailing Address
1900 N Austin Ave
Suite, Apt. #, etc.

City & State
Chicago IL
Zip 60639 Country USA

City & State
Chicago IL
Zip 60639 Country USA

4. FEI Number 65-0914522 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Julie Bukovich
Street Address (P.O. Box Number is Not Acceptable)
1421 S Ocean Blvd Apt. 103
City Pompano Beach FL Zip Code 33062

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 Julie Bukovich DATE 8-25-01
(Signature, typed or printed name of registered agent and title if applicable. (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 \$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

TITLE PSTD
NAME ANDERSSON, STEPHAN L
STREET ADDRESS 547 NORTHEAST 42 STREET
CITY-ST-ZIP OAKLAND PARK FL 33334 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~ PD
NAME Patrik Bernstein ☒ Change ☐ Addition
STREET ADDRESS 1900 N Austin Ave
CITY-ST-ZIP Chicago IL 60639

TITLE ~~Secretary~~
NAME Per Kullman ☒ Change ☐ Addition
STREET ADDRESS 1900 N Austin Ave
CITY-ST-ZIP Chicago IL 60639

TITLE T
NAME Mara Billick ☒ Change ☐ Addition
STREET ADDRESS 1900 N Austin Ave
CITY-ST-ZIP Chicago IL 60639

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

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

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

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: Mara Billick DATE 8-16-01 773-830-7225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State
09-05-2001 90010 014 ***550.00



DO NOT WRITE IN THIS SPACE

0130818 AT

CR2E034 (5/01)