

2001 UNIFORM BUSINESS REPORT (UBR)

0028069 AF

DOCUMENT # **L99000004520**

1. Entity Name
GOOD IDEA INTERNATIONAL, L.L.C.

FILED

01 MAR 28 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**101 SW 15TH ROAD
MIAMI FL 33129**

Mailing Address
**P.O. BOX 398388
MIAMI BEACH FL 33239**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0943481

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DINER, MANUEL
141 NE 3RD AVENUE, STE 601
MIAMI FL 33132**

Name **HAIM EINHORN**
Street Address (P.O. Box Number is Not Acceptable)
4747 COLLINS AVE #205
City **MIAMI BEACH** **FL** Zip Code **33140**

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]* **HAIM EINHORN - MANAGER** DATE **3/25/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM DEE VISION INC**
STREET ADDRESS **PO BOX 393388**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME **300003993849**
STREET ADDRESS **-04/12/01--01007--002**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
NAME **MGRM BHP PROMOTIONS & INVESTMENTS LIMITED**
STREET ADDRESS **PO BOX 393388**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **HAIM EINHORN** DATE **3/25/01** DAYTIME PHONE # **(305) 775-8488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)