

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90037 003 ***150.00

DOCUMENT # P99000017623

1. Entity Name
GOOD START CORPORATION

R

Principal Place of Business
BAYVIEW DRIVE 1040 #100
FORT LAUDERDALE FL 33304

Mailing Address
BAYVIEW DRIVE 1040 #100
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

6342 Miramar Pkwy
 Suite, Apt. #, etc.

6342 Miramar Pkwy
 Suite, Apt. #, etc.

City & State
Miramar FL

City & State
Miramar FL

4. FEI Number
65-0921900

Applied For
 Not Applicable

Zip
33023 Country
Broward

Zip
33023 Country
Broward

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

QUESADA, FABIAN
3310 SW 27TH STREET
MIAMI FL 33133

6342 Miramar Pkwy
Miramar, FL 33023

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 _____ DATE _____
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 13, 2000 Min. 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 Change Addition

TITLE	D <input type="checkbox"/> Delete
NAME	QUESADA, FABIAN
STREET ADDRESS	3310 SW 27TH STREET <i>6342 Miramar Pkwy</i>
CITY-ST-ZIP	MIAMI FL 33133 <i>Miramar, FL 33023</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 reports 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (5/00)

Good Start Corporation

attachment # P99000017623
ASB71246

6342 Miramar Parkway
Miramar, FL 33023
(954) 966-0026

July 24, 2000

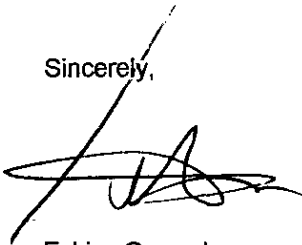
Florida Division of Corporation
P.O. Box 1500
Tallahassee, FL 32301-1500

Ref: Good Start Corporation
Document # P 99000017623

Dear Sir or Madam:

Enclose; please find a check in the amount of \$150.00 and my renewal for the coming year. I understand that I am late with this payment but I never received my first notice for payment. Please notice our new address. This is the first time we have to renew and I want to ask you, please waive this late fee. I promise this is the last time.

Sincerely,



Fabian Quesada
President