

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005127

1. Entity Name

GOINGSOUTH INVESTMENT COMPANY LTD.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90104 005 ***150.00

Principal Place of Business

Mailing Address

~~3650 CORAL RIDGE DR. #101~~
~~CORAL SPRINGS FL 33065~~

~~3650 CORAL RIDGE DR. #101~~
~~CORAL SPRINGS FL 33065-2558~~

2. Principal Place of Business

3. Mailing Address

10242 NW 47th St.

10242 NW 47th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 12

Suite 12

City & State

City & State

Sunrise, FL

Sunrise, FL

Zip

Country

33351

Broward

33351

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUBEL, DAVID J

3650 CORAL RIDGE DR. #101
CORAL SPRINGS FL 33065

Name

DAVID AUBEL

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

1802-102 N. University DR. #289

City

Plantation

FL

Zip Code

33322

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 DAVID AUBEL DAVID AUBEL

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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	CPTS	<input type="checkbox"/> Delete
NAME	TRAVERS, JON	
STREET ADDRESS	3650 CORAL RIDGE DR #101	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: DAVID AUBEL DAVID AUBEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

954-572-4641

Daytime Phone #