

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G32225

1. Entity Name

MMM- THE GOOD NEWS PUBLISHING COMPANY

Principal Place of Business

7022 SW 53RD LANE
MIAMI FL 33155-5609

Mailing Address

7022 SW 53RD LANE
MIAMI FL 33155-5609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCHALE, EDWARD F. (ESQ)
1401 BRICKELL AVENUE
SUITE 402
MIAMI FL 33131

Name

Edward F. McHale, Esq.

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

4440 PGA Boulevard, Suite 402
Palm Beach Gardens FL 33410

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

EDWARD MCHALE

1-24-01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCHALE, JOAN NIELSEN
7022 S.W. 53RD LANE
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MCHALE, USA
7022 SW 53RD LANE
MIAMI FL 33155-5609 ☐ Delete

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

TITLE
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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

Joan Nielsen McHale 1/15/01

(305) 665-8101



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)