## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, all other like empowered.

SIGNATURE:

## FILED **DOCUMENT # K76012** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** GO 4 IT. INC. 01-19-2000 90244 007 \*\*\*150.00 Principal Place of Business Mailing Address 1216 SOUTH DIXIE HWY 3318 NE 16TH PLACE FORT LAUDERDALE FL 33305-3717 POMPANO BEACH FL 33060 2. Principal Place of Business Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0596470 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired ZNDIAN RIVER Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOHN A - Viesta VIESTA; JR. J Street Address (P.O. Box Number is Not Acceptable) 3318 NE 16TH PLACE FORT LAUDERDALE FL 33305 BEACH. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITI F NAME VIESTA, JR. J NAME STREET ADDRESS 3318 NE 16TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Addition ☐ Change ☐ Delete TITLE VIESTA, JOYCE A. NAME NAME STREET ADDRESS 3318 NE 16TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🖫 FORT LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ J Delete . 1 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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