2000 HNIEODM RUSINESS DEDORT (HRD)

2000	ONIFORM BUSI	<u>''</u> _					t	•				
DOCUMENT # L9800001725 1. Entity Name						FILED SECRETARY OF STATE						
GODSPEED, LC						DIVISION OF CORPORATIONS						
Principal Place of Business Mailing Address						:00 0CT -9 AMII: 02						
8725 SW 177TH TERRACE 8725 SW 177TH TERRACE							-	0				
MIAMI FL 33157 MIAMI FL 33157												
2. Principal Place of Business 1669 ONAWAY DR. 1669			69 ONAWAY DR.) 1005/101/ 016 50181 10115 BOTH OBTH 00111 00111 00101 1/1016 1/201 0117 1017						
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE						
City & Stat		City & State MIAMI, FL			4. FEII	Number 65-(0877487	Applied For Not Applicable				
331	22 Country	Zip 3 3/33	ip 3 3/33 Count			5. Certificate of Status Desired \$5.			00 Additional Required			
	6. Name and Address of Current F	Registered Agent			7. Nam	e and Address	of New Reg		101100		1	
		CAMPO	MPOS, PORERT A.									
	, ROBERT A			ddress (P.O. Box I	Number is Not A	cceptable)	2.					
8725 SW 177TH TERRACE MIAMI FL 33157					<u> </u>	<u> </u>	<i></i>					
				City /	IMALK			FL Zig	Coge,	33		
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 a	Carpor	Registere	d Agent signatu	stanish nertwines ex	ing)	9-	26-00				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00												
		50.00 nent of State										
	MANACINO MEMBER					1	DITIONS (C)	IANICEC			}	
9. TITLE	MANAGING MEMBER	Delete	10. TITLE		MGRM		DITIONS/CI	Defiz	nge [Addition	8	
NAME	CAMPOS, ROBERT	,	NAM		•	5, POB					3 (5/	
STREET ADDRESS CITY-ST-ZIP	8725 SW 177TH TERRACE MIAMI FL 33157			ET ADDRESS -St-zip	1669 MIAM	ONAWA		•			CR2E083 (5/00)	
TITLE	MGRM	☐ Delete	TITLE		MGRM			⊉ Cha	ıge [Addition	8	
name "Street address"	LOCICERO, DONNA	ال معمد ماليات المعادية	NAMI • STRE	E Et address	1669	onaway	DP	~~~~		ے۔ سدہ	_	
CITY-ST-ZIP	8725 SW 177TH TERRACE MIAMI FL 33157			-ST-ZIP	MAIN	1, FL	3313	3				
TITLE	MGRM	☐ Delete	TITLE	1				☐ Cha	ige [Addition		
NAME STREET ADDRESS	SCHADLER, JAY 11 - 73RD STREET		NAME STRE	ET ADDRESS		9000	034:	2 81 29 001017-	<u>} — —</u> _01:2	-6		
CITY-ST-ZIP	NEWBURYPORT MA 01950		CITY-	-ST-ZIP		*	∪/∙10/U ***1 55.	<u>100 : ****</u> nntoti-	-012 155-	<u>.00</u>		
TITLE NAME		☐ Delete	TITLE	1				☐ Cha	ige [Addition		
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP			CITY-	·ST-ZIP		· · · · · · · · · · · · · · · · · · ·						
TITLE NAME	ę.	☐ Delete	TITLE					Cha	ige [Addition		
STREET ADDRESS	<u> </u>			ET ADDRESS							ĺ	
CITY-ST-ZIP				ST-ZIP						7 4 4 200		
TUTLE NAME		Delete .	TITLE NAME	1				Char	ge ∟	Addition		
STREET ADDRESS			•	ET ADDRESS								
CITY-ST-ZIP	partify that the information abunities with	his filing done not qualify for the	I	ST-ZIP	ad in Section 110	07(3)(i) Elected	Statutae I for	rther cartifu that t	he info	mation	!	
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 frue and adcurate 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: 9-26-00 (305)854-5568												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER Date Devire Phone #												