

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004520

1. Entity Name

GOOD IDEA INTERNATIONAL, L.L.C.

APPROVED  
AND  
FILED

00 MAY -6 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002974  
AF

Principal Place of Business	Mailing Address
101 SW 15TH ROAD MIAMI FL 33129	101 SW 15TH ROAD MIAMI FL 33129-1120

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
		33239	

4. FEI Number	Applied For
65-0943481	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent
DINER, MANUEL 141 NE 3RD AVENUE, STE 601 MIAMI FL 33132

7. Name and Address of New Registered Agent
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE	MGRM
NAME	DEE VISION INC
STREET ADDRESS	PO BOX 393388
CITY - ST - ZIP	MIAMI FL
TITLE	MGRM
NAME	BHP PROMOTIONS & INVESTMENTS LIMITED
STREET ADDRESS	PO BOX 393388
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 true and accurate 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HARMEINTORN 4/4/00 (305) 775-8488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)