

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M49501

1. Entity Name

GOOD LIFE PRODUCTS INC.

FILED
Jun 16, 2000 8:00 am
Secretary of State

06-16-2000 90112 019 ***550.00

Principal Place of Business

Mailing Address

C/O MARTHA G. FERNANDEZ
7709 NW 178 ST
HIALEAH FL 33015

C/O MARTHA G. FERNANDEZ
7709 NW 178 ST
HIALEAH FL 33018-6628

2. Principal Place of Business

3. Mailing Address

8885 NW 175 ST

8885 NW 175 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

59-2785806

Applied For

Not Applicable

Zip

33018

Country

US

Zip

33018

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, MARTHA G.
7709 NW 178 ST
HIALEAH FL 33015

Name FERNANDEZ MARTHA G

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

8885 NW 175TH STREET

City HIALEAH

FL

Zip Code 33018

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 FERNANDEZ MARTHA G

Martha G Fernandez

6-12-00

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

(NOTE: Registered Agent signature required when reinstating)

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	PSD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARTHA G.	
STREET ADDRESS	7709 NW 178 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, GILBERTO G.	
STREET ADDRESS	7709 NW 178 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8885 NW 175 ST	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8885 NW 175 ST	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-00

Date

305 362-6998

Daytime Phone #

CR2E034 (9/99)