

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M52301

1. Entity Name

JOHN GODY TRADE & INVESTMENTS CORPORATION

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90002 048 \*\*\*150.00

Principal Place of Business

3401 SW 16TH ST.  
 MIAMI FL 33145  
 US

Mailing Address

3401 SW 16TH ST.  
 MIAMI FL 33145-1033  
 US

2. Principal Place of Business

3446 SW 8th St

Suite, Apt. #, etc.

SUITE 203

City & State

MIAMI FL 33135

Zip

33135

Country

MIAMI-DADE

3. Mailing Address

3446 SW 8th St

Suite, Apt. #, etc.

SUITE 203

City & State

MIAMI FL

Zip

33135

Country

MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0021309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RUIZ, SERGIO E  
 3401 S.W. 16TH STREET  
 MIAMI FL 33145

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

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

TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	GODY, JOHN	
STREET ADDRESS	2333 BRICKELL AVE., #1911	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RUIZ, SERGIO E	
STREET ADDRESS	3401 S.W. 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRULLARD, JACQUELINE L	
STREET ADDRESS	2333 BRICKELL AVE 1911	
CITY-ST-ZIP	MIAMI FL 33129	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

SECRETARY

4/28/00

305-567-0690