

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91460 022 ***150.00

DOCUMENT # *M-52301*

1. Entity Name

JOHN GODY TRADE & INVESTMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5300 NW 124 WAY

3. Mailing Address

P.O. BOX 450488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRING, FL

City & State

MIAMI, FL

4. FEI Number

65-0021309

Applied For

Not Applicable

Zip

33076

Country

Zip

33235-0488

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SERGIO E. RUIZ

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

210 N.W. 40 AVE

City

MIAMI

FL

Zip Code

33126

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PD JACQUELINE BRULLARD 5300 NW 124 WAY CORAL SPRING, FL 33076</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPT ERIC SOTO-HARRISON 5300 N.W. 124 WAY CORAL SPRING, FL 33076</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD SERGIO E. RUIZ 210 N.W. 40 AVE MIAMI, FL 33126</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

04/22/02 (305) 262-1012

Date

Daytime Phone #

CR2E034B (12/01)