2002 UNIFORM BUSINESS REPORT (UBR)

Jun 25, 2002 8:00 am **Secretary of State** DOCUMENT # N01000001481 05-19-2002 90170 025 ****61.25 GOOD DEED REALTY CORPORATION Principal Place of Business Mailing Address 1344 NW 135TH AVENUE 1344 NW 135TH AVENUE PEMBROKE PINES FL 33143 PEMBROKE PINES FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For -1086639 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BHATTI, NIRMALJEET K Street Address (P.O. Box Number is Not Acceptable) 1344 NW 135TH AVENUE PEMBROKÉ PINES FL 33143 City Zip Code F٤ 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 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (6) ☐ Change ■ Addition BHATTI, NIRMALJEET K NAME NAME 1344 NW 135TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33143 CITY-ST-ZIP TITLE Delete Change ☐ Addition BALBIR BHATTI, BALDUR S NAME STREET ADDRESS 11140 NW 30TH STREET STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33321 CITY-ST-702 TITLE Delete TITLE ☐ Change ☐ Addition SACCH, AMAR O NAME JASWANTIS. BHATTI NAME 1344 NW 135TH AVENUE STREET ADDRE STREET ADDRESS 1344-NW-1351. AV CITY-ST-71P PEMBROKE PINES EL-33143 CITY-ST-ZIP EMBROKE <u>33028</u> TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition

FILED