

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004750

1. Entity Name

MZ. GOOSE, INC. (SEE DORIS MC IN NEW FILING BEFO

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90038 026 ****70.00

Principal Place of Business

Mailing Address

10203 S.W. 169 TERRACE
MIAMI FL 33157

10203 S.W. 169 TERRACE
MIAMI FL 33157-4223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0522787

Applied For

Not Applicable

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

GAGE, HELEN H
10203 S.W. 169 TERRACE
MIAMI FL 33157

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GAGE, ALICIA
STREET ADDRESS 10203 SW 169 TERR
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME FORBES, FRACIS
STREET ADDRESS 12257 S.W. 201 TERR
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS FORBES, FRANCIS
CITY-ST-ZIP 12257 S.W. 201 TERR.
MIAMI, FL

TITLE PCEO ☐ Delete
NAME GAGE, HELEN
STREET ADDRESS 10203 SW 169 TERR
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROWN, ELAINE
STREET ADDRESS 440 N.W. 122 ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WRAY, ABERCROMBIE
STREET ADDRESS 16115 SW 117 AVE STE 25
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SIMMS, JACQUELYN
STREET ADDRESS 11799 BALIES RD
CITY-ST-ZIP GOULDS FL

TITLE ☒ Change ☐ Addition
NAME Sec./Treas.
STREET ADDRESS SIMMS, JACQUELYN
CITY-ST-ZIP 16920 S.W. 107 CT.
MIAMI, FL 33157

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED

1-6-2000 305 251-2458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)