

2000 UNIFORM BUSINESS REPORT (UBR)

6/:

DOCUMENT # N99000001572

1. Entity Name

GOOD AND FAITHFUL SERVANTS, INC.

R

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-05-2000 90013 021 ****61.25

Principal Place of Business

Mailing Address

15490 S.W. 134 PLACE UNIT 510
MIAMI FL 33177

P.O. BOX 161157
MIAMI FL 33116-1157

2. Principal Place of Business

15167 SW 127 Circle Ct

3. Mailing Address

P.O. BOX 161157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State -

Miami, Florida

4. FEI Number

65-0895800

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33116

Country

USA

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

POOLE, ANGELA M

15490 S.W. 134 PLACE UNIT 510
MIAMI FL 33177

new address
of agent

Name

Angela M. Poole

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

15167 SW 127 Circle Court

City

Miami

FL

Zip Code

33186

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

Angela M. Poole, Angela M. Poole, President

5/1/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D President Angela M. Poole 15167 SW 127 Circle Court Miami, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice-President Corey D. Poole 15167 SW 127 Circle Court Miami, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary Donis L. Moss 10814 SW 141 Lane Miami, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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:

Angela M. Poole 5/1/00 (305) 256-9033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)