PG 1 of 2

06-26-2001 90003 023 ***150.00
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FILED
01 JUL 27 PM 4: 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
[redacted]

76662

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005584

1. Entity Name
GOODMAN USA INC.

Principal Place of Business / Mailing Address
16300 NE 19th AVE SUITE B
N. MIAMI BEACH FL 33162

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 65-1009859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMNON PAI-AADASH

7. Name and Address of New Registered Agent
Name JON ELLIOT KENYON
Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19th AVE SUITE B
City N. MIAMI BEACH FL Zip Code 33162

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]
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / JON ELLIOT KENYON / 16300 NE 19th AVE / N. MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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] 305-957-9909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment
Doc# P00000005584

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GOODMAN USA INC.

16300 NE 19TH AVE SUITE B
N MIAMI BEACH FL. 33162

DATE: 7-10-2001

TO: FLORIDA DEPT. OF STATE
DIV. OF CORP.

RE: ANNUAL REPORT

DEAR SIRS, PLS. NOTE THAT WE DIDN'T RECEIVED THE REPORT UNTIL WE CALLED YOUR OFFICE , AFTER OUR ACCOUNTANT TOLD US THAT WE NEED TO FILE WITH YOUR OFFICE .
WE MAILED YOUR OFFICE THE CHECK AND A REPRESENTATIVE CONFIRMED TO US THAT WE DON'T HAVE TO PAY THE PENALTY .
TODAY WE RECEIVED A LETTER ASKING US TO PAY THE PENALTY .
WE ASK YOUR OFFICE TO ACCEPT OUR REPORT AND FILE IT WITHOUT THE LATE FEE.

THANKS

JON ELLIOT KENYON
GOODMAN USA INC.