## 1/2

2001 UNIFORM BUSINESS REPORT (UBR)

2001	UNIFORM BUSI	NESS REPOR	RT (UBI	<b>R)</b>	FILED
DOCUMENT # P0000022127  1. Entity Name					Mar 01, 2001 8:00 am Secretary of State
GOOD NEWS REAL ESTATE SERVICES, INC.					01-25-2001 90013 022 ***150.00
Principal Place of Business Mailing Address					
18805 WEST LAKE DRIVE MIAMI FL 33015		18805 WEST LAKE DRIVE MIAMI FL 33015			11160
Principal Place of Business     3. Mailing Address					
5330 S. W. 130 A.V. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State  MIRAMAR, FL		City & State			El Number   Applied For   Not Applicable
Zip 330	Country	Zip	Country		Certificate of Status Desired
	6. Name and Address of Current Re	glatered Agent	Name	1	Name and Address of New Registered Agent
RUBIN, MARGARITA S 18805 WEST LAKE DRIVE			<u></u>		JC O MARGARITA S
MIAMI FL 33015			City	8805	ní FL ZPSBOIS
9 The above	named entity submits this statement for the	ne number of changing its re	onistered office or	registered ag	
SIGNATURE	VAME CHAP	<u>66</u> 0 I. Blance	0		1/13/01
<del></del>	Signature Apped or efforted name of registered agent and		Registered Agent signati		instating) DATE.
Tax filing requirement and elects to do so. After MAY 1, 2001				te is \$150.00   10. Election Campaign Financing   \$5.00 May Be   Trust Fund Contribution.   Added to Fees   Added to Fees   Fees	
11.	OFFICERS AND DI		12.	AD.	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUBIN, MARGARITA S 18805 WEST LAKE DRIVE	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIANC	CO, MARCHARITA S. (NAME.)  W. LAKE DR.  OMI, FL. 33015 CHANGE
TITLE -	MIAMI FL 33015	☐ Delete	TITLE	////	☐ Change ☐ Addition ☐
NAME STREET ADDRESS CITY-ST-ZIP		ename out the second of the se	NAME STREET ADDRESS CITY-ST-ZIP	-· -	
TITLE NAME		☐ Oelete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		·	STREET ADDRÉSS CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ AdditIon
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		· · <u> </u>	STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	MILE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		)
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:  SIGNATURE OF PRINTED NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
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