2002 Uniform Business Report (UBR)

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Apr 11, 2002 8:00 am Secretary of State P00000022127 DOCUMENT # 1. Entity Name GOOD NEWS REAL ESTATE SERVICES, INC. 04-11-2002 90689 023 ***150.00 Principal Place of Business Mailing Address 18805 WEST LAKE DRIVE 5330 SW 130TH AVE MIAMI FL 33015 **MIAMI FL 33015** 3. Mailing Address 2. Principal Place of Business TARA DR 12101 5301 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0991471 Not Applicable MIRAMAC \$8.75 Additional 5. Certificate of Status Desired Fee Required 33027 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - -MARGARITA BLANCO, MARGARITA S Street Address (P.O. Box Number is Not Acceptable) 18805 WEST LAKE DRIVE TARA R. **MIAMI FL 33015** 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 DATE (NOTE: Registered Agent signature required when reinstating) finted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01)☐ Change Delete TITLE TITLE BIANCO, MARGARITA S **BLANCO, MARGARITA S** NAME NAME CR2E034 12101 TARA DR. 18805 WEST LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33015** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ∠ Delete -TITLE-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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