

2002 UNIFORM BUSINESS REPORT (UBR)

0033797 AV

DOCUMENT # P00000026140

1. Entity Name
GOODEALS, INC.

FILED

02 DEC 11 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2412 NW 72 ND AVENUE
MIAMI FL 33122

Mailing Address
2412 NW 72 ND AVENUE
MIAMI FL 33122



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0991543

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~MALER, ROBERT~~
1213 CAMELIA LANE
WESTON FL 33326

Name
~~MALER, ROBERT~~
Street Address (P.O. Box Number is Not Acceptable)

4267 IRONWOOD COURT
City WESTON FL 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 12/5/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D
NAME MALER, JOHN
STREET ADDRESS 2655 COLLINS AVENUE APT 1604
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE P/D
NAME MALER, JOHN
STREET ADDRESS SAME
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400008639084
10/28/02--01136--016 **150.00

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PRES
NAME ROBERT MALER, 4267 IRONWOOD COURT
STREET ADDRESS WESTON, FL 33331
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400008639084
12/12/02--01034--003 **600.00

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

13. I hereby certify that the information supplied with this form 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 REQUIRED

9-7-02

Date

Daytime Phone #

CR2E034 (4/02)