

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061550

1. Entity Name

GO INTERNATIONAL, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90064 004 ***150.00

0138394

Principal Place of Business Mailing Address
1999 UNIVERSITY DR 11846 HIGHLAND PLACE
SUITE 201 CORAL SPRINGS FL 33071
CORAL SPRINGS FL 33071
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0433822 Applied For
Not Applicable

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

MURTAGH, RICHAR T
1000 W MCNAB RD
SUITE 301
POMPANO BCH FL 33069

Name GENE S. BONHAM C.P.A. P.A.

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

1999 UNIVERSITY DRIVE SUITE 212

City CORAL SPRINGS FL Zip Code 33071

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

Gene S. Bonham

3/13/01

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 DPST
NAME VALENZUELA, JUAN J
STREET ADDRESS 11846 HIGHLAND PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Valenzuela JUAN VALENZUELA

3/13/01

Date

Daytime Phone #

(954) 755-9104

CR2E034 (10/00)