

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058948

1. Entity Name  
GOOD OLD FRIENDS, INC.

Principal Place of Business  
5590 W. HALLANDALE BEACH BLVD.  
PEMBROKE PINES FL 33023

Mailing Address  
5590 W. HALLANDALE BEACH BLVD.  
PEMBROKE PINES FL 33023

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0510683

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BEDNARZ, PETER J  
7570 RALEIGH ST.  
HOLLYWOOD FL 33024

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Peter Bednarz* Peter Bednarz President 15 Oct 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 \$550.00**  
**After September 12, 2001 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

TITLE D  
NAME BEDNARZ, PETER J  
STREET ADDRESS 7570 RALEIGH ST.  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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: *Peter Bednarz* Peter Bednarz President 2 Oct 01 954-966-3204  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED

01 OCT 24 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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