

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90168 005 ***150.00

DOCUMENT # P95000002182

1. Entity Name
GODLEETIKAS, CORP.

Principal Place of Business
8055 CORAL WAY
MIAMI FL 33155
US

Mailing Address
8055 CORAL WAY
MIAMI FL 33155
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0287515**

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

LEE, ROGELIO
7900 SW 139TH TERRACE
MIAMI FL 33158

Name

LEE, ROGELIO

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

8055 CORAL WAY

City

MIAMI

FL

Zip Code

33155

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

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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PD
LEE, ROGELIO
7900 SW 139TH TERRACE
MIAMI FL 33158

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

S
XIOMARA, LEE
8055 CORAL WAY
MIAMI FL 33155

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

V
ROGELIO, LEE JR
2380 SW 80 CT
MIAMI FL 33155

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-01 (305) 261-3834

CR2E034 (10/00)