

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90176 016 ***150.00

DOCUMENT # P96000010165 (4)

1. Entity Name
 ALLGOOD CORP.

Principal Place of Business 8300 N.W. 103rd Street
 Hialeah Gardens, FL 33016
Mailing Address 8300 N.W. 103rd Street
 Hialeah Gardens, FL 33016

2. Principal Place of Business
 8083 N. W. 103rd Street
3. Mailing Address
 P. O. Box 22577

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Hialeah Gardens, FL
City & State Hialeah, FL
4. FEI Number 65-0712170
 Applied For Not Applicable

Zip 33016 **Country** USA
Zip 33002 **Country** USA
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

Solla, Joseph A.
 143 Westward Drive
 Miami Springs, FL 33166

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME Clohessy, Cynthia G.
STREET ADDRESS Rt. 1 Box 1643 Hwy. 19 North
CITY-ST-ZIP Dahlonega, GA 30533

TITLE P ☒ Change ☐ Addition
NAME Clohessy, Cynthia G.
STREET ADDRESS 593 Willow Pond Road
CITY-ST-ZIP Dahlonega, GA 30533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Cynthia G. Clohessy **Cynthia G. Clohessy** **4/19/01** **305-821-8300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)