

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097587

1. Entity Name
GOCO ASSOCIATES CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90162 019 ***150.00

Principal Place of Business 3111 N UNIVERSITY DR. STE 725 CORAL SPRINGS FL 33065 JBS	Mailing Address 3111 NORTH UNIVERSITY DR STE 725 CORAL SPRINGS FL 33065-1438 JBS
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6574 N. State Road 7 Suite, Apt. #, etc. Suite 156 City & State Coconut Creek FL Zip 33073 Country U.S.A	3. Mailing Address 6574 N. State Road 7 Suite, Apt. #, etc. Suite 156 City & State Coconut Creek FL Zip 33073 Country U.S.A
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4. FEI Number 65-0722973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
~~BERWARD, GRESLIN
1010 S. OCEAN BLVD. APT #1606
POMPANO BCH FL 33062~~

7. Name and Address of New Registered Agent
Name **Berward GRESLIN**
Street Address (P.O. Box Number is Not Acceptable)
1010 S. Ocean Blvd. Apt # 1606
City **POMPANO BEACH FL** Zip Code **33062**

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 **Berward GRESLIN President** DATE **04/03/2000**
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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete GRESLIN, BERNARD 7300 DOVER CT PARKLAND FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Berward GRESLIN P <input type="checkbox"/> Change <input type="checkbox"/> Addition 1010 S. Ocean Blvd - Apt 1606 Pompano Beach F 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **04/03/2000** (954) 484 3745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)