

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90081 043 \*\*\*150.00

**DOCUMENT # P97000002856**

1. Entity Name

**GO GODDESS INC.**

Principal Place of Business

Mailing Address

4975 S.W. 85TH STREET  
 MIAMI FL 33143  
 US

4975 S.W. 85TH STREET  
 MIAMI FL 33143  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0718880**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKS, ALLAN B**  
**100 S BISCAYNE BLVD, SUITE #900**  
**MIAMI FL 33131**

Name **Kelley Werner**  
 Street Address (P.O. Box Number is Not Acceptable) **4975 SW 85th ST**  
 City **MIAMI** FL Zip Code **33143**

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 **Kelley Werner** DATE **1/17/00**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>ROBLES, RUTH</b> <b>22 HARBOR POINT</b> <b>KEY BISCAYNE FL 33149</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>445 Grand Bay Drive #601</b> <b>Key Biscayne FL 33149</b>
<input type="checkbox"/> Delete	<b>D</b> <b>BERKOWITZ, ELAINE</b> <b>445 GRAND BAY DRIVE, APT. 602</b> <b>KEY BISCAYNE FL 33149</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>WERNER, KELLY</b> <b>4975 SW 85TH ST</b> <b>MIAMI FL 33143</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: **Kelley Werner, Pres** DATE: **1/17/00** DAYTIME PHONE #: **305-661-6167**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)