

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048999

1. Entity Name

GOOD DAY AUTO SALES, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90075 026 \*\*\*150.00

Principal Place of Business

1095 NORTHWEST 36TH STREET  
MIAMI FL 33127

Mailing Address

1095 NORTHWEST 36TH STREET  
MIAMI FL 33142-4808

2. Principal Place of Business

4220 N.W. 17 Ave

3. Mailing Address

4220 N.W. 17 Ave

Suite, Apt. #, etc.

MIAMI FLA

Suite, Apt. #, etc.

City & State

MIAMI FLA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0851927

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

ANDRE, THEODORE

1095 NORTHWEST 36TH STREET  
MIAMI FL 33127

4220 N.W. 17 Ave  
MIAMI FLA 33142

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

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRE, THEODORE	
STREET ADDRESS	1095 NORTHWEST 36TH STREET	4220 N.W. 17 Ave
CITY-ST-ZIP	MIAMI FL 33127	MIAMI FLA 33142
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRE, MONIQUEE M	
STREET ADDRESS	1095 NORTHWEST 36TH STREET	4220 N.W. 17 Ave
CITY-ST-ZIP	MIAMI FL 33127	MIAMI FLA 33142
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Theodore Andre

Monique Andre

04-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)