

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048999

1. Entity Name
GOOD DAY AUTO SALES, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90050 008 ***150.00

Principal Place of Business
4220 NW 17 AV
MIAMI FL 33142

Mailing Address
4220 NW 17 AV
MIAMI FL 33142

941480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4220 N.W. 17 Ave
Suite, Apt. #, etc.:

3. Mailing Address
4220 N.W. 17 Ave
Suite, Apt. #, etc.

City & State
MIAMI FL 33142
Zip Country

City & State
MIAMI FL 33142
Zip Country

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
4220 NW 17 AV
MIAMI FL 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: *Theodore Andre* + *Monique Andre* 03-05-01
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	D	<input type="checkbox"/> Delete	TITLE	ANDRE THEODORE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRE, THEODORE		NAME	4220 N.W. 17 Ave	
STREET ADDRESS	4220 NW 17 AV		STREET ADDRESS	MIAMI FL 33142	
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	ANDRE MONIQUE M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRE, MONIQUEE M		NAME	4220 N.W. 17 Ave	
STREET ADDRESS	4220 NW 17 AV		STREET ADDRESS	MIAMI FL 33142	
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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* 03-05-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)