

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90088 033 \*\*\*150.00

**DOCUMENT # P98000048999**

1. Entity Name  
**GOOD DAY AUTO SALES, INC.**



Principal Place of Business  
**GOOD DAY AUTO SALES INC.**  
**4220 N W 17 AVE**  
**MIAMI FL 33142**

Mailing Address  
**GOOD DAY AUTO SALES INC.**  
**4220 N W 17 AVE**  
**MIAMI FL 33142**



2. Principal Place of Business  
*Good Day auto sales*  
Suite, Apt. #, etc.

*4220 N.W. 17 Ave*

City & State  
*MIAMI FLA*

3. Mailing Address  
*Good Day auto sales*  
Suite, Apt. #, etc.

*4220 N.W. 17 Ave*

City & State  
*MIAMI FLA*

☐ CHECK HERE IF MAKING CHANGES

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

**ANDRE, THEODORE**  
**4220 NW 17 AV**  
**MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name *Theodore Andre*  
Street Address (P.O. Box Number is Not Acceptable)  
*4220 N.W. 17 Ave*  
*MIAMI*  
City *MIAMI* **FL** *33142* 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDRE, THEODORE</b> <b>4220 N W 17 AVE</b> <b>MIAMI FL 33142</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDRE, MONIQUE M</b> <b>4220 N W 17 AVE</b> <b>MIAMI FL 33142</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Theodore Andre</i> <i>4220 N.W. 17 Ave</i> <i>MIAMI FLA 33142</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ANDR. MONIQUE M</i> <i>4220 N.W. 17 Ave</i> <i>MIAMI FLA 33142</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theodore Andre* *Monique Andre M* **03-05-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)