

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057461

1. Entity Name

GOODMAN GENERAL PARTNER, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90040 018 ***150.00

Principal Place of Business

6245 S.W. 117TH TERRACE
MIAMI FL 33156

Mailing Address

6245 S.W. 117TH TERRACE
MIAMI FL 33156-4821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0850465

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

GOODMAN, BERNARD
6245 SW 117 TERR
MIAMI FL 33156

Name

Goodman, Evelyn

Street Address (P.O. Box Number is Not Acceptable)

6245 S.W. 117th Terrace

City

Miami

FL

Zip Code

33156

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

Evelyn Goodman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, BERNARD	
STREET ADDRESS	6245 SW 117 TERR	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOODMAN, EVELYN	
STREET ADDRESS	6245 SW 117 TERR	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Evelyn Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/00

Daytime Phone #

(305) 661-8458

CR2E034 (9/99)