## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P98000064932** Apr 04, 2000 8:00 am Secretary of State THE GOODMAN GROUP INTERNATIONAL, INC. 04-04-2000 90045 035 \*\*\*158.75 Principal Place of Business Mailing Address 15021 N SAXON CIR 15021 N SAXON CIR FORT LAUDERDALE FL 33331-2804 FORT LAUDERDALE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0856096 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - \_7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent CHRISTOPHER COOKE COOKE, DONNA Street Address (P.O. Box Number is Not Acceptable) 15021 N SAXON CIR FORT LAUDERDALE FL 33331 AUDKRDALK FL 33331 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. ne of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change Addition TITLE TITLE **√** Delete COOKE, DONNA NAME NAME 15021 N SAXON CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33331 CITY-\$T-ZIP Addition ☐ Defete TITLE PRESIDENT TITLE COOKE, CHRISTOPHER NAME 15021 N SAXON CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33331 CITY-ST-7P ☐ Addition ☐ Change TITLE ☐ Delete TITLE CHANG, GREGORY : 1 NAME NAME STREET ADDRESS 15021 N SAXON CIR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33331 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; 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