

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034237

1. Entity Name

GOODS GALORE, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90031 004 ***150.00

Principal Place of Business

848 FALLING WATER ROAD
WESTON FL 33326

Mailing Address

848 FALLING WATER ROAD
WESTON FL 33326-3553

2. Principal Place of Business

318 Indian Trace

3. Mailing Address

Suite, Apt. #, etc.

PMB 182

City & State

Weston, FL

City & State

Zip

33326

Country

USA

Zip

Country

4. FEI Number

65-0914026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIENER, ALEX M
848 FALLING WATER ROAD
WESTON FL 33326

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME DIENER, ALEX M
STREET ADDRESS 848 FALLING WATER ROAD
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete
NAME HALDIMANN, ERIC M
STREET ADDRESS 1271 MEADOWS BLVD
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME DIENER, BARBARA
STREET ADDRESS 848 FALLING WATER ROAD
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete
NAME HALDIMANN, ANDREA
STREET ADDRESS 1271 MEADOWS BLVD
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00
Date

954-344-7843
Daytime Phone #

CR2E034 (9/99)