

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042584

1. Entity Name

THE GOOD LIFE T.E.A.M., INC.

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90054 043 ***150.00

0087821

976858



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4800 S.W. 64TH AVE. SUITE 106 DAVIE FL 33314	Mailing Address 4800 S.W. 64TH AVE. SUITE 106 DAVIE FL 33314
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2. Principal Place of Business 105 S Federal Hwy Suite Apt. #, etc. Suite 3 City & State Davie, Florida Zip 33004-3663 Country USA	3. Mailing Address 105 S Federal Hwy Suite Apt. #, etc. Suite 3 City & State Davie, Florida Zip 33004-3663 Country USA
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4. FEI Number 65-0919909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARTINEAU, RAYMOND F
 4800 SW 64TH AVE
 STE 106
 DAVIE FL 33314

7. Name and Address of New Registered Agent

Name
Raymond F. Martineau
 Street Address (P.O. Box Number is Not Acceptable)
105 S Federal Hwy
 Suite 3
 City
Davie FL Zip Code
33004-3663

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEAU, RAYMOND F 801 OCEAN DRIVE, #1104 HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANTE, AURORA R 801 OCEAN DRIVE, #1104 HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD BOCKIAN, JOSHUA A DR 801 OCEAN DRIVE, #1104 HOLLYWOOD FL 33019 <input checked="" type="checkbox"/> Delete <i>Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (10/00)