2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000052547

Entity Name

GOONO CORPORATION

Principal Place of Business: 8600 NORTH SHERMAN CIRCLE #401

Mailing Address: P. O. Box 541714 MIAMI FL 33054

05/10/2000 90180 047 $150.00

2. Principal Place of Business
8600 NORTH SHERMAN CIR
Suite, Apt. #, etc.
#401
City & State
MIRAMAR FL
Zip 33025 Country BROWARD

3. Mailing Address
P.O. BOX 541714
Suite, Apt. #, etc.
City & State MIAMI FL
Zip 33054 Country DADE

4. FEI Number 65-0927083 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA P.A
343 ALMERIA AVENUE
CORAL GABLE FL 33134

7. Name and Address of New Registered Agent

Name GODWIN ONORIOBE

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

8600 N. SHERMAN CIRCLE #401

City MIRAMAR FL Zip Code 33025

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 Godwin Onoriobe 10/26/2000

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MR GODWIN ONORIOBE 8600 N. SHERMAN CIRCLE #401 MIRAMAR FL 33025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MR GODWIN ONORIOBE 8600 N. SHERMAN CIRCLE #401 MIRAMAR FL 33025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN MR GODWIN ONORIOBE 8600 N. SHERMAN CIRCLE #401 MIRAMAR FL 33025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: GODWIN ONORIOBE Godwin Onoriobe 4/28/00 (954) 430-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #