

2001 UNIFORM BUSINESS REPORT

DOCUMENT # P99000072678

1. Entity Name

GOODVIEW INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3600 S. W. 116 Avenue
Davie, FL 33330

2. Principal Place of Business

3600 S. W. 116 Avenue

3. Mailing Address

3600 S. W. 116 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

DAVIE, FL

Zip

33330

Country

BROWARD

Zip

33330

Country

BROWARD

4. FEI Number

65-0943095

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 JUN 28 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

ANDRES J. MIRIONDO
9613 PONCE DE LEON BLVD.
SUITE 501 33330
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

LEONARDO MATEU

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

3600 S. W. 116 AVENUE

City

DAVIE,

FL

Zip Code

33330

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

TITLE NAME
PRESIDENT
LEONARDO MATEU
STREET ADDRESS
3600 S. W. 116 Avenue
CITY-ST-ZIP
Davie, FL 33330

TITLE NAME
VICE-PRESIDENT
FERNANDO MATEU
STREET ADDRESS
3600 S. W. 116 Avenue
CITY-ST-ZIP
Davie, FL 33330

TITLE NAME
SECRETARY/TREASURER
GIOCONDA MATEU
STREET ADDRESS
3600 S. W. 116 Avenue
CITY-ST-ZIP
Davie, FL 33330

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
300004477079-1
-07/16/01--01050--007
****300.00 ****300.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 duly empowered.

SIGNATURE:

5/4/2001

(954) 473-6571

CR2E034 (11/00)