

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076762

1. Entity Name
GOOSE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90071 044 ***150.00

Principal Place of Business
2333 PONCE DE LEON BLVD. SUITE 600
CORAL GABLES FL 33134

Mailing Address
2333 PONCE DE LEON BLVD. SUITE 600
CORAL GABLES FL 33134-5418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1 CASUARINA CONCOURSE
Suite, Apt. #, etc.

3. Mailing Address
1 CASUARINA CONCOURSE
Suite, Apt. #, etc.

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

4. FEI Number
65-0943933

Applied For
Not Applicable

Zip
33143

Country
USA

Zip
FL 33143

Country
USA

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

6. Name and Address of Current Registered Agent
LEWIS, HAROLD L
TWO SOUTH BISCAYNE BLVD, SUITE 3660
ONE BISCAYNE TOWER
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
TWO SOUTH BISCAYNE BLVD SUITE 2400
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 _____ (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	
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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 an other like empowered.

SIGNATURE: ALAN H. POTAMKIN 4-26-00 305-665-9600

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