

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000083201

1. Entity Name

JACKY BE GOOD, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-19-2000 90022 005 ***150.00

Principal Place of Business

6625 LANDINGS DR., STE. 101
LAUDERHILL FL 33319

Mailing Address

6625 LANDINGS DR., STE. 101
LAUDERHILL FL 33319-1816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

964-19-0971

Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PREMIER MANAGEMENT COMPANY
 1437 N.E. 4TH AVE.
 FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

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

6625 Landings Dr Ste 101

Lauderhill

City

FL | Zip Code
33319

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

02-07-00

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 **D BAGOT, LACQUES**
 STREET ADDRESS **6625 LANDINGS DR., STE. 101**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☒ Delete
 NAME **CONSTANT, CASTERA CARL**
 STREET ADDRESS **1859 W. OAKLAND PARK BLVD.**
 CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **D Marie MOFFATT**
 STREET ADDRESS **1238 SW 19 ave**
 CITY-ST-ZIP **FT Lauderdale FL 33312**

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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 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:

LACQUES BAGOT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-07-00 354-485-73-2