

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90273 029 ***150.00

0174715

DOCUMENT # P99000102155

1. Entity Name

GOOD LIVING, INC.

Principal Place of Business

1339 71ST STREET
MIAMI FL 33141

Mailing Address

1339 71ST STREET
MIAMI FL 33141

818622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17230 NW 48th Place

3. Mailing Address

17230 NW 48th Place

Suite, Apt. #, etc.

Miami, Florida

Suite, Apt. #, etc.

Miami, Florida

City & State

City & State

4. FEI Number 59-3317016

Applied For

Not Applicable

Zip

33055

Country

U.S.A.

Zip

33055

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, GLORIA
17230 NW 48 PLACE
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name

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

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

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 PCEO ☒ Delete
NAME PARKER, DONOVAN
STREET ADDRESS 1339 71ST STREET
CITY-ST-ZIP MIAMI FL 33141

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chairman/CEO ☐ Change ☒ Addition
NAME Alexander, Gloria
STREET ADDRESS 17230 NW 48th Place
CITY-ST-ZIP Miami, Florida 33055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria Alexander

01/17/01

(305) 621-4165

Date

Daytime Phone #

CR2E034 (10/00)