

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90044 038 ***163.75

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DOCUMENT # P99000106126

1. Entity Name
GOOSEMOUNTAIN, INC.

Principal Place of Business Mailing Address
1201 SEMINOLE BLVD #83 1201 SEMINOLE BLVD #83
LARGO FL 33770 LARGO FL 33770

2. Principal Place of Business 3. Mailing Address
1205 OLDS CIRCLE 1205 OLDS CIRCLE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1407 1407

City & State City & State
FORT LAUDERDALE, FL FORT LAUDERDALE, FL

Zip Country Zip Country
33316 U.S. 33316 U.S.

4. FEI Number Applied For
59-3616497 Not Applicable

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

6. Name and Address of Current Registered Agent
MONTESDEOCA, JUAN F
1201 SEMINOLE BLVD #83
LARGO FL 33770

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable)
1205 OLDS CIRCLE #1407
 City **FORT LAUDERDALE** **FL** Zip Code **33316**

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 _____
Signature, typed or printed name of registered agent and title if applicable

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	DP	<input type="checkbox"/> Delete
NAME	MONTESDEOCA, RAMIRO	
STREET ADDRESS	2715 N. OCEAN BLVD #14E	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MONTESDEOCA, DIEGO	
STREET ADDRESS	1201 SEMINOLE BLVD #83	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MANZANO, HILDA M	
STREET ADDRESS	1201 SEMINOLE BLVD #83	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1205 OLDS CIRCLE #1407	
CITY-ST-ZIP	F. LAUDERDALE, FL, 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1205 OLDS CIRCLE, #1407	
CITY-ST-ZIP	F. LAUDERDALE, FL, 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **DIEGO MONTESDEOCA** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04-09-01** Daytime Phone # **(954) 5256502**

CR2E034 (10/00)

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DO NOT WRITE IN THIS SPACE