

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90031 034 ***150.00

DOCUMENT # S29396

1. Entity Name

GOITIA & MICHUDA, INC.

Principal Place of Business

Mailing Address

100 WOODLANDS ROAD
PALM SPRINGS FL 33461

100 WOODLANDS ROAD
PALM SPRINGS FL 33461-1067

014011

2. Principal Place of Business

P.O. BOX 20156

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 20156

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0238883

Applied For

Not Applicable

Zip

33416

Country

USA

Zip

33416

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOITIA, ANGEL E.
100 WOODLANDS ROAD
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

Name MICHUDA, ANTHONY J.

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

2670 YARMOUTH DRIVE

City WELLINGTON

FL

Zip Code

33414

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

Anthony J. Michuda

Anthony J. Michuda, Corp Secretary 1/28/00

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, 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	PTD	<input type="checkbox"/> Delete
NAME	GOITIA, ANGEL E.	
STREET ADDRESS	100 WOODLANDS ROAD	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHUDA, ANTHONY J.	
STREET ADDRESS	1003 MANOR DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	GOITIA, ANGEL E.	
STREET ADDRESS	7769 NEMEC DR. S.	
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	MICHUDA, ANTHONY J.	
STREET ADDRESS	2670 YARMOUTH DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony J. Michuda 1/28/00 (561) 795-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #