

# 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

*[Signature]*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change
<b>PTD</b>	<b>GOITIA, ANGEL E.</b>	<b>7769 NEMEC DR, S.</b>	<b>LAKE CLARKE SHORES, FL 33406</b>	<input checked="" type="checkbox"/>
<b>SD</b>	<b>MICHUDA, ANTHONY J.</b>	<b>2670 YARMOUTH DRIVE</b>	<b>WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

*[Signature]* **Anthony J. Michuda 1/28/00 (561) 795-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #