

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717012

1. Entity Name

GOLDEN HOUSE CONDOMINIUM, INC.

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

03-12-2001 90482 029 ****61.25

0038044

Principal Place of Business

GOLDEN HOUSE CONDO
1340 LINCOLN RD APT 402
MIAMI BEACH FL 33139
US

Mailing Address

C/O GALIANA MANAGEMENT
250 SW 21 ROAD
MIAMI FL 33129
US

LU033021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1365740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDEN HOUSE CONDO ASSOC
1340 LINCOLN ROAD APT 402
MIAMI BEACH FL 33139

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DUTCH, DONALD - <i>Deutch, Donald.</i>	
STREET ADDRESS	1340 LINCOLN RD #300	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOLET, DOXA - <i>Doxa.</i>	
STREET ADDRESS	1340 LINCOLN RD #501	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ESPINO, MARTA	
STREET ADDRESS	1340 LINCOLN RD #506	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, BEATRICE	
STREET ADDRESS	1340 LINCOLN RD #402	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAY, JOSEPH - <i>deceased.</i>	
STREET ADDRESS	1340 LINCOLN RD #408	
CITY-ST-ZIP	MAIMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWISON, RUTH	
STREET ADDRESS	1340 LINCOLN RD #304	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	<i>Pres</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Donald Deutch</i>	
STREET ADDRESS	<i>1340 Lincoln Rd. #300</i>	
CITY-ST-ZIP	<i>MIAMI Beach, Fl. 33139</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Sect</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>ESPINO MARTA</i>	
STREET ADDRESS	<i>1340 Lincoln Rd. #506 delete</i>	
CITY-ST-ZIP	<i>miami Beach, Fl. 33139</i>	
TITLE	<i>Tres</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Beatrice Schwartz</i>	
STREET ADDRESS	<i>1340 Lincoln Rd. #402</i>	
CITY-ST-ZIP	<i>miami Beach, Fl. 33139</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>V.P.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Ruth Lewison</i>	
STREET ADDRESS	<i>1340 Lincoln Rd. #304</i>	
CITY-ST-ZIP	<i>miami Beach, Fl. 33139</i>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beatrice Schwartz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/01 305-854-2138

Date Daytime Phone #

CR2E037 (10/00)