

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90344 003 ****61.25

DOCUMENT # 717012

1. Entity Name
GOLDEN HOUSE CONDOMINIUM, INC.



Principal Place of Business

**GOLDEN HOUSE CONDO
1340 LINCOLN RD APT 300
MIAMI BEACH FL 33139
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1365740**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDEN HOUSE CONDO ASSOC
1340 LINCOLN ROAD APT 300
#701
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **GALIANA Management, H. Galina**
Street Address (P.O. Box Number is Not Acceptable) **250 S.W. 21 Road**
250 S.W. 21 Road
City **Miami, Florida** FL Zip Code **33129**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Miriam Galina - COY (Property Manager)** 4/23/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE Vice	NAME DEITCH, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS 1340 LINCOLN RD #300		
CITY-ST-ZIP MIAMI BCH FL 33139		
TITLE VPD	NAME DEL MORAL, SYLVIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1340 LINCOLN ROAD, #508		
CITY-ST-ZIP MIAMI BCH FL 33139		
TITLE T	NAME BETANCOURT, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1340 LINCOLN ROAD, #605		
CITY-ST-ZIP MIAMI BEACH FL 33139		
TITLE D	NAME LEWISON, RUTH	<input type="checkbox"/> Delete
STREET ADDRESS 1340 LINCOLN RD #304		
CITY-ST-ZIP MIAMI BEACH FL 33139		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President	NAME Pedro Calvo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1340 LINCOLN Road #501		
CITY-ST-ZIP Miami Beach - FL 33139		
TITLE Tres	NAME Victor Bologna	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1340 Lincoln Rd. #505		
CITY-ST-ZIP Miami Beach - FL 33139		
TITLE Vice P.	NAME Donald Deitch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1340 Fenwick Rd. #300		
CITY-ST-ZIP Miami Beach - FL 33139		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **X Signature of Pedro Calvo President** 4/24/03 205-8542138

CR2E037 (10/02)