

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90096 047 ***150.00

DOCUMENT # K20815

1. Entity Name
THE GOLDEN WHISK, INC.

Principal Place of Business
**7932 FLAGLER COURT SOUTH
 WEST PALM BEACH FL 33405**

Mailing Address
~~MENDOZA, GALLAG & SCHILLING~~
**251 ROYAL PALM WAY . P.O. BOX 2715
 PALM BEACH FL 33480-2715**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
c/o Mendoza and Callas

Suite, Apt. #, etc.

Suite, Apt. #, etc.
251 Royal Palm Way, PO Box 2715

City & State

City & State
Palm Beach, FL

4. FEI Number **65-0044810**

Applied For
 Not Applicable

Zip

Country

Zip
33480-2715

Country
USA

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

~~MENDOZA, GALLAG & SCHILLING~~
~~251 ROYAL PALM WAY, SIXTH FLOOR~~
~~SIXTH FLOOR~~
~~PALM BEACH FL 33480-1310~~

Name
Mario G. de Mendoza, III

Street Address (P.O. Box Number is Not Acceptable)
c/o Mendoza and Callas

251 Royal Palm Way, Suite 602

City
Palm Beach

FL

Zip
33480

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

Mario G. de Mendoza, III, Reg. Agt

DATE

2/8/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MENDOZA, MARIO G. DE III 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITCH, LESLIE M. 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCINTOSH, DAVID 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILKINSON, DEBRA 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie M. Ritch, Pres.

Date

Daytime Phone #

4-30-2000 (561) 533-7932

CR2E034 (9/99)