

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 90244 050 ***150.00

DOCUMENT # P02000013077

1. Entity Name
GOLDEN FLOWERS, INC.



Principal Place of Business
**2750 NW 79 AVENUE
MIAMI FL 33122**

Mailing Address
**C/O BRUCE JAY TOLAND, P.A.
80 SW 8 STREET, SUITE 1920
MIAMI FL 33130**

55044937



2. Principal Place of Business
2600 NW 79 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL 33122

City & State

4. FEI Number

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

**TOLAND, BRUCE J ESQ.
80 S.W. 8 STREET
SUITE 1920
MIAMI FL 33122**

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

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME **BECERRA, GABRIEL**
STREET ADDRESS **2750 NW 79 AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE PD ☒ Change ☐ Addition
NAME **BECERRA, GABRIEL**
STREET ADDRESS **2600 NW 79 Avenue**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 607, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Gabriel Becerra, as President

4/30/03 305.599-0193

Daytime Phone # ext. 517

CR2E034 (10/02)