
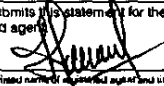



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000059345 1. Entity Name GOLDEN MILE SHOPPES, INC.		
Principal Place of Business 1335 LINCOLN RD. MIAMI BEACH, FL 33139		Mailing Address 1335 LINCOLN RD. MIAMI BEACH, FL 33139
2. Principal Place of Business 6930 COLLINS AVE	3. Mailing Address 8249 NW. 36TH ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 210	
City & State MIAMI BEACH, FL	City & State MIAMI, FL	
Zip 33139	Country USA	4. FEI Number 32-00172-30
Zip 33166	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent M & C ACCOUNTING SERVICES, INC. 8249 N.W. 36TH ST., STE. 214 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8249 NW. 36TH ST STE 210 City MIAMI FL Zip Code 33166
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 	DATE 4-30-03	
SIGNATURE (NOTE: Registered Agent signature required when necessary)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TARAMAN, HECTOR I 1335 LINCOLN RD. MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete TARAMAN, ERNESTO A 1335 LINCOLN RD. MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete TARAMAN, ENRIQUE 1335 LINCOLN RD. MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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 reports 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 my address, with all other like empowered.		
SIGNATURE: 		DATE 4-30-03 (305) 718-3667
SIGNATURE AND TITLE (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		DATE

11041661



CHECK HERE IF MAKING CHANGES

CR20034 (10/02)