2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State
03-04-2003 90069 040 ***150.00

DOCUMENT # P02000090568

1. Entity Name
GOLD'N DESIGN, INC.

Principal Place of Business	Mailing Address
6841 N.W. 6 CT. MARGATE FL 33063	6841 N.W. 6 CT. MARGATE FL 33063

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3955 JOG RD	3955 JOG RD
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: LAKE WORTH, FL.	City & State: LAKE WORTH FLA.
Zip: 33467 Country: USA	Zip: 33467 Country: USA

4. FEI Number: 47-0885017 ☐ Applied For ☐ Not Applicable

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
DHARAMDEO, SHAMSHA 6841 N.W. 6 CT. MARGATE FL 33063	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 ☒ Shamsha Dharamdeo DATE 2/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DHARAMDEO, SHAMSHA 6841 N.W. 6 CT. MARGATE FL 33063	☐ Delete SAME	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DHARAMDEO, DARSHANAND 6841 N.W. 6 CT. MARGATE FL 33063	☐ Delete	TITLE V / NAME / STREET ADDRESS / CITY-ST-ZIP	DHARAMDEO, ANAND 6841 NW 6 CT. MARGATE, FL. 33063	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAL, LALITA S 6841 N.W. 6 CT. MARGATE FL 33063	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	SINGHAL, LALITA 6841 NW 6 CT MARGATE, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Shamsha Dharamdeo 2/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01988807 AV

CR2E034 (10/02)