

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033413

1. Entity Name
Golden Land, Inc.

FILED
00 SEP 29 PM 2:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
8420 N.W. 160 St 8420 N.W. 160 St.
Okeechobee, Fl 34972 Okeechobee, Fl 34972
US 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 Applied For
65-0409627 Not Applicable

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

DO NOT WRITE IN THIS SPACE


6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Calle, Jenaro
8420 NW 160 St
Okeechobee, Fl 34972

Name
Gaitan, Juan Pablo
Street Address (P.O. Box Number is Not Acceptable)
8420 NW 160 St
Okeechobee, Fl 34972
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.

SIGNATURE  **JUAN P. GAITAN** DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	CALLE, Jenaro	
STREET ADDRESS	8420 N.W. 160 St.	
CITY-ST-ZIP	Okeechobee, Fl 34972	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Trujillo, Juan J.	
STREET ADDRESS	8420 N.W. 160 St	
CITY-ST-ZIP	Okeechobee, Fl 34972	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Calle, Rosa Helena	
STREET ADDRESS	8420 N.W. 160 St.	
CITY-ST-ZIP	Okeechobee, Fl 34972	
TITLE	MD	<input type="checkbox"/> Delete
NAME	Gaitan, Juan Pablo	
STREET ADDRESS	8420 N.W. 160 St.	
CITY-ST-ZIP	Okeechobee, Fl 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003417999-5	
STREET ADDRESS	-10/09/00--01011--007	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calle, Ana Maria	
STREET ADDRESS	8420 N.W. 160 St.	
CITY-ST-ZIP	Okeechobee, Fl 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **JUAN P. GAITAN** Date: 9/21/00 Daytime Phone #: (863) 467-4447

KE