

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90114 023 ***150.00

UBR03/20

DOCUMENT # P93000033413

1. Entity Name
GOLDEN LAND, INC.

Principal Place of Business
8420 NW 160 ST
OKEECHOBEE FL 34972
US

Mailing Address
8420 NW 160 ST
OKEECHOBEE FL 34972
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0409627

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

GAITAN, JUAN PABLO
8420 NW 160 ST
OKEECHOBEE FL 34972

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	CALLE, JENARO	
STREET ADDRESS	8420 NW 160 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALLE, ANA MARIA	
STREET ADDRESS	8420 NW 160 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CALLE, ROSA HELENA	
STREET ADDRESS	8420 NW 160 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	MD	<input type="checkbox"/> Delete
NAME	GAITAN, JUAN PABLO	
STREET ADDRESS	8420 NW 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		
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CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02 (863) 467 4883
 Date Daytime Phone #

CR2E034 (9/01)