

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001518

1. Entity Name

GOLD KROWN, L.L.C.

FILED

01 APR 20 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O KRONGOLD AND TODD, P.A.  
201 ALHAMBRA CIRCEL, 8TH FLOOR  
CORAL GABLES FL 33134

Mailing Address

C/O KRONGOLD AND TODD, P.A.  
201 ALHAMBRA CIRCEL, 8TH FLOOR  
CORAL GABLES FL 33134

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

65-0903986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

KRONGOLD, M. RONALD  
KRONGOLD AND TODD, P.A.  
201 ALHAMBRA CIRCLE, 8TH FLOOR  
CORAL GABLES FL 33134

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KRONGOLD, M. RONALD  
201 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000004084100-9  
-04/27/01--01029--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KRONGOLD, RANDI M  
201 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134 ☐ Delete

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/01

305/446-3033

0032265 SP

CR2E083 (11/00)