

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 025 ***150.00

DOCUMENT # *P13992*

1. Entity Name

NATIONAL GOLD EXCHANGE, INC.

DO NOT WRITE IN THIS SPACE

656376

2. Principal Place of Business

14309 N. DALE MABRY HWY.

Suite, Apt. #, etc.

3. Mailing Address

14309 N. DALE MABRY HWY.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

04-2665042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALAN YAFFE

Street Address (P.O. Box Number is Not Acceptable)

14309 N. DALE MABRY HWY.

City

TAMPA

FL

Zip Code

33618

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>S YAFFE, SHIRLEY 16310 MILAN DE AVILA TAMPA, FL 33613</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD YAFFE, ALAN 16310 MILAN DE AVILA TAMPA, FL 33613</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TD YAFFE, MARK 16501 MILAN DE AVILA TAMPA, FL 33613</i>
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Yaffe

SHIRLEY YAFFE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

(813)969-4111

Daytime Phone #

CR2E034B (12/01)