

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 PM 4:26

DOCUMENT # P02000093276

1. Entity Name
GOLD SERVICES & PLUS, INC



Principal Place of Business
9676 SW 161 PLACE
MIAMI, FL 33196

Mailing Address
9676 SW 161 PLACE
MIAMI, FL 33196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT
CHECK HERE IF MAKING CHANGES

03

4. FEI Number
03-0479818

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

ZAPATA, MAYRA
9676 SW 161 PLACE
MIAMI, FL 33196

Name
11/5/03 01003 012 / 65.00
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW WITH FEES \$150.00
ARISE 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 ZAPATA, MAYRA 9676 SE 161 PLACE MIAMI, FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NERI, FRANK 9676 SW 161 PLACE MIAMI, FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 507, 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: *Marya Zapata*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CH2E034 (10/02)

Der Pat Bail

GOLD SERVICES & PLUSS, INC
9676 SW 161 ST. PLACE
MIAMI, FL 33196

October 29, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Ref: Document # P02000093276

Dear Sir or Madam:

I received a letter dated October 10, 2003 in which you inform that I failure to respond your letter advising me a returned check and you were giving 60 days to respond. I did not receive any letter before this letter. I would like to request waiver the reinstatement fee and penalties.

Enclosed you will find a check in the amount of \$165.00.

If you have any question please contact me at: 305-380-6842,

Thank you, for your cooperation in this matter and I do apologize for this inconvenient.

Sincerely yours,

Mayra Zapata.
President