

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90061 021 \*\*\*158.75

**DOCUMENT # 243083**

1. Entity Name  
**GOLDEN DREAMS, INC.**

Principal Place of Business  
**65 WASHINGTON AVE.  
 MIAMI BEACH FL 33139**

Mailing Address  
**C/O RESEARCH MGMT. CORP.  
 104 CRANDON BLVD., STE. 409  
 KEY BISCAYNE FL 33149-1542**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**65 Washington Ave. #1**  
 Suite, Apt. #, etc.

City & State  
**MIAMI BEACH, FL**

4. FEI Number  
**59-1440286**

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

6. Name and Address of Current Registered Agent  
**RESEARCH MANAGEMENT CORPORATION  
 104 CRANDON BLVD.  
 STE #409  
 KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TRUEBA, MARTA</b> <b>65 WASHINGTON AVE. #</b> <b>MIAMI BEACH FL 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HILLSTROM, CHRISTINE</b> <b>65 WASHINGTON AVE., #7</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SAYRE, KEVIN</b> <b>65 WASHINGTON AVE. #1</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HERTZIG, DAVID</b> <b>65 WASHINGTON AVE., #10</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DE LAS MATAS, SYLVO</b> <b>65 WASHINGTON AVE. #23</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DE LAS MATAS, SYLVIO</b> <b>65 WASHINGTON AVE., #23</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSENZWEIG, HARRY</b> <b>65 WASHINGTON AVE. #25</b> <b>MIAMI BEACH FL 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHEE-A-TOW, RICHARD</b> <b>65 WASHINGTON AVE., #3</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ATANSOVA, DANIELLE</b> <b>65 WASHINGTON AVE #5</b> <b>MIAMI BCH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: Christine Hillstrom Date: 4.14.00 Daytime Phone #: (305) 361.2555