

2001 UNIFORM BUSINESS REPORT (UBR)

4/17/

FILED
Jun 05, 2001 8:00 am
Secretary of State

04-17-2001 90164 004 ***150.00

DOCUMENT # 403776

1. Entity Name

GOLDEN ELECTRIC CORP.

Principal Place of Business

1359 N W 88TH AVENUE
 MIAMI FL 33172

Mailing Address

1359 N W 88TH AVENUE
 MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1401833

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

GARCIA, RAFAEL
1359 N.W. 88TH AVE.
MIAMI FL 33128

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 fee if applicable.

(NOTE: Registered Agent signature required when withdrawing)

DATE

4-30-2001

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, 2001 Fee will be \$350.00
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

TITLE	PD	☐ Delete
NAME	GARCIA, RAFAEL	
STREET ADDRESS	1359 N.W. 88TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☒ Delete
NAME	GARCIA, ALFREDO	
STREET ADDRESS	1359 N.W. 88TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☒ Delete
NAME	GARCIA, DIGNORA	
STREET ADDRESS	1359 N.W. 88TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ Delete
NAME	GARCIA, LAZARO	
STREET ADDRESS	1359 N.W. 88TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

5-29-001-305-592-0573

CR2E034 (10/00)