

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90132 018 ***158.75

DOCUMENT # 651236

1. Entity Name

GOLD STAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

GOLD STAR, INC.

3. Mailing Address

GOLD STAR, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1521 ALTON RD. - STE 514

1521 ALTON RD. - STE 514

City & State

City & State

MIAMI BEACH, FLORIDA

MIAMI BEACH, FLORIDA

Zip

Zip

33139

Country

USA

Country

USA

4. FEL Number

59-1951764

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARTHUR J. SCHULTZ

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

1521 ALTON ROAD - SUITE 514

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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

ARTHUR J. SCHULTZ - PRESIDENT

4/22/02

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

(NOTE: Registered Agent signature required when reinstating)

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
PRESIDENT - P
ARTHUR SCHULTZ
1521 ALTON RD. - SUITE 514
MIAMI BEACH FLORIDA 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT - TREASURER - VT
ROCHELLE SCHULTZ
1521 ALTON RD. - SUITE 514
MIAMI BEACH, FLORIDA 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROCHELLE SCHULTZ - VT - 4/22/02 (305) 531-4466

Date

Daytime Phone #

CR2E034B (12/01)