**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 12, 2001 8:00 am DOCUMENT # 724859 **Secretary of State** 1. Entity Name GOLDEN TERRACE CONDOMINIUM ASSOCIATION, INC. 02-12-2001 90246 007 \*\*\*\*61.25 Principal Place of Business Mailing Address 13685 N. E. 10TH AVE 13685 N. E. 10TH AVE N. MIAMI FL 33161 N. MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1864727 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **GUILLEN, ERIC** 13685 NE 10TH AVENUE N. MIAMI BEACH FL 33101 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME LAGOY, SYBOL NAME STREET ADDRESS 13685 NE. 10TH AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP N. MIAMI FL ☐ Addition TITLE Delete TITLE ☐ Change NAME **GUILLEN. RONALD** NAME STREET ADDRESS STREET ADDRESS 13685 NE LANE AVE CITY-ST-ZIP CITY-ST-ZIP N. MIAMI FL ☐ Addition Delete ☐ Change SEYMOUR, FRIEDMAN NAME STREET ADDRESS STREET ADDRESS 13685 NË 10 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition . Delete ☐ Change PRADO, WALTOR NAME NAME STREET ADDRESS STREET ADDRESS 13685 NE 10TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete ☐ Change Addition **GUILLEN, ERIC** NAME NAME STREET ADDRESS STREET ADDRESS 13655 NE 10TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, 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 REQUIRED Seyous Juckey Cleynoux FRIROM.