

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001110**

1. Entity Name

GOLDEN EQUITY, LTD.

Principal Place of Business

1696 NE MIAMI GARDENS DR.
2ND FLOOR
NORTH MIAMI BEACH FL 33179

Mailing Address

1696 NE MIAMI GARDENS DR.
2ND FLOOR
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

1696 NE Miami Gardens Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

North Miami Beach FL

City & State

Zip

33179

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

MARCUS, ALAN J

20803 BISCAYNE BLVD., SUITE 301

NORTH MIAMI BEACH FL 33180

4. FEI Number

65-0833541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L98000000565
NAME SILVER EQUITY, LLC
STREET ADDRESS 1696 NE MIAMI GARDENS DR.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/01

(305) 947-1664

CR2E003 (11/00)

0005889 AF

FILED

01 MAY 21 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE