

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002646

1. Entity Name
NOSTALGIA IN GOLD INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90694 022 ***150.00

0156565
AV

Principal Place of Business
1430 S.W. 87TH TERRACE
PEMBROKE PINES FL 33025

Mailing Address
1430 S.W. 87TH TERRACE
PEMBROKE PINES FL 33025



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number | | 5. Certificate of Status Desired | |
| NOT APPLICABLE | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | Applied For | |
| | | Not Applicable | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MCGOWAN ARSCOTT, VANDELIN 1430 S.W. 87TH TERRACE PEMBROKE PINES FL 33025 | | 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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P MCGOWAN-ARSCOTT, VANDELIN 1430 S.W. 87TH TERRACE PEMBROKE PINES FL 33025 <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 | V ARSCOTT, ROBERT 1430 S.W. 87TH TERRACE PEMBROKE PINES FL 33025 <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 | S MURPHY, SONJA 17 RIDGEWAY DR KINGSTON, 19, JAMAICA <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 | D BROWN, KERTH S 12 OLDGATE KINGSTON, 19, JAMAICA <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Shermaine Brown <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1430 S.W. 87th Terrace Pembroke Pines Fl. 33025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLACK, JODY 1430 S.W. 87TH TERRACE PEMBROKE PINES FL 33025 <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 | D BROWN, MICHELLE 12 OLDGATE KINGSTON, 19, JAMAICA <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michelle Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hopewell Pk. Hanover, Jamaica W.I |

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

4/24/02 9A 432-5867
Date Daytime Phone #

CR2E034 (9/01)