

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33954

1. Entity Name

GOLDEN GATE IMPORT EXPORT, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90013 034 \*\*\*150.00

Principal Place of Business

~~5781 SABLE RIDGE LANE~~  
NAPLES FL 34109  
US

Mailing Address

~~5781 SABLE RIDGE LANE~~  
NAPLES FL 34120-1735  
US

2. Principal Place of Business

Naples, Florida

3. Mailing Address

3091 Golden Gate Blvd. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL 34120

City & State

Naples, FL 34120

Zip

Country

Collier

Zip

Country

Collier

4. FEI Number

36-3225630

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

PIRES, ANTHONY P JR  
940 N COLLIER BLVD  
MARCO ISLAND FL 33937

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. 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, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BOKRAND, WALDEMAR  
STREET ADDRESS 6781 SABLE RIDGE LANE  
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 145 Oakwood Dr.  
CITY-ST-ZIP Naples FL 34110

TITLE VST  
NAME BOKRAND, HENRIETTE  
STREET ADDRESS 6781 SABLE RIDGE LANE  
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 145 Oakwood Dr.  
CITY-ST-ZIP Naples FL 34110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

HENRIETTE BOKRAND

Date

Daytime Phone #

CR2E034 (9/99)