

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90200 002 ****55.00

DOCUMENT # L-00000000333

1. Entity Name

Golden Age Lighting LLC

DO NOT WRITE IN THIS SPACE

965499

2. Principal Place of Business

13265 SW 124th Street

3. Mailing Address

13265 SW 124th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Zip

33186

Country

4. FEI Number

54-2113984

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Aydin Buyuktapli*

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

13265 SW 124th Street

City *Miami*

FL

Zip Code

33186

**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

Aydin Buyuktapli

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

04/29/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*MGRM
Buyuktapli, Aydin
13265 SW 124th Street
Miami, FL 33186*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*MGRM
Sinnaz, Nafi
13265 SW 124th Street
Miami, FL 33186*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Aydin Buyuktapli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/29/02

DATE

(305) 969-8877

DAYTIME PHONE #

CR2E083B (12/01)