## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or truste changed, or on an attachment with an

SIGNATURE:

## DOCUMENT # L91071 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name GOLD TECHNIC, BY ROD, INC. 04-12-2000 90151 024 \*\*\*158.75 Principal Place of Business Mailing Address 2220 N 37 AVE 2220 N 37 AVE HOLLYWOOD FL 33021-4325 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0218888 Not Applicable 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 BEAULIEU, RODRIGUE Street Address (P.O. Box Number is Not Acceptable) 2220 N 37 AVE HOLLYWOOD FL 33021 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition ☐ Delete TITLE BEAULIEU, RODRIGUE NAME NAME STREET ADDRESS STREET ADDRESS 2220 N 37 AVE CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 ☐ Addition TITLE Change ☐ Delete TITLE NAME BEAULIEU, LORRAINE STREET ADDRESS STREET ADDRESS 2220 N 37 AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP h this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information s true and adcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied wi indicated on this report or supplemental report

er like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODRIGUE