

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005183

1. Entity Name
GOLDEN TWINS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:06

Principal Place of Business
4298 FOXRIDGE DRIVE
WESTON FL 33331

Mailing Address
4298 FOXRIDGE DRIVE
WESTON FL 33331-4003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
318 INDIAN TRACE
Suite, Apt. #, etc.
538

3. Mailing Address
Two S. University Dr.
Suite, Apt. #, etc.
Suite 215

City & State
WESTON, FL

City & State
Plantation, FL

Zip
33326

Country
USA

Zip
33324

Country
USA

4. FEI Number
65-0945055

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDERSON, JILL ESQ.
4000 HOLLYWOOD BOULEVARD, SUITE 350-N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
Name
Brian Lynn CPA PA
Street Address (P.O. Box Number is Not Acceptable)
Two S. University Drive
Suite 215
City
Plantation FL Zip Code
33324

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
2/14/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

BLT

9. MANAGING MEMBERS / MEMBERS

TITLE NAME	STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
MGRM ZANNOTTI, GIANCARLO	4298 FOXRIDGE DRIVE WESTON FL 33331	<input checked="" type="checkbox"/> Delete
MGRM TELLEZ, NOHORA	4298 FOXRIDGE DRIVE WESTON FL 33331	<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME	STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* NATALIE TELLEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date
03/13/2000

Daytime Phone #

CR2E083 (9/99)