2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90026 040 ****75.00

DOCUMENT # N00000004896

1. Entity Name

GOLDEN GATE SERVICES, INC.

Principal Place of Business	Mailing Address
5921 CHESTER LANE DAVIE FL 33331	5921 CHESTER LANE DAVIE FL 33331

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
126 NORTH FLAGLER AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FLORIDA	City & State
Zip: 33060 Country: FL	Zip Country

4. FEI Number: 65-1027788 ☐ 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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAWLEY, LAURA L 5921 CHESTER LANE DAVIE FL 33331	☐ Delete	PDM HAWLEY, LAURA, L, M.S.W 5921 CHESTER LANE DAVIE FLORIDA 33331	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACQUES-LOUIS, MONIGUE 5921 CHESTER LANE DAVIE FL 33331	☐ Delete	SA JACQUES-LOUIS MONIQUE — CORRECTION 218 SW 20TH STREET FORT-LAUDERDALE FL. APT 2 33311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ST-FLEUR, MARVELITE 5921 CHESTER LANE DAVIE FL 33331	☐ Delete	TD ST-FLEUR, MARVELITE 8361 NW 21 STREET SUNRISE FL. 33322	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP JOCELYNE FRANCOIS, R.N 1180 E. 34 STREET BROOKLYN 11210 N.Y	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Laura L. Hawley, M.S.W 1/5/01 783-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #