## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCU 1. Entity Nan	MENT # N000000	APPROVED AND FILED						
GOLDEN GATE SERVICES, INC.					חס דדם	-7 PH I:5	1	
Principal Plac	ce of Business	UZFEB	-/ ra 1.0	į.				
Principal Place of Business  126 NORTH FLAGLER AND SEACH FL 33060  POMPANO BEACH FL 33060  PUBLIC LIBRARY HEATH  CLIENT'S HOME FACILITES  Mailing Address  5921 CHESTER LANE DAVIE FL 33331					SECRETI TALLAHA	ARY OF STATE SSEE, FLORIDA	<u> </u>	tia rik kari
2. Principal Place of Business 3. Mailing Address								
Suite, Apt	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te .	City & State			4. FEI Number 65-1027788 Applied For Not Applicable			
Zip	Country	Zip	Zip Count		5. Certificate of Sta	tus Desired 🔀	\$8.75 Add	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	3 UTRERA, P.A. RIA AVENUE		SPIEGEL & UTRERA, P.A.  Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street					
CORAL GABLES FL 33134				4th Floor City Zip Code				
9 The shows	a name of antity of the other and to		Mi	Miami <b>FL</b> 33145				
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  By:  Natratia print regragister regardent (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW: FEE IS \$61.25  9. Election Campaign Fina Trust Fund Contribution					\$5.00 May Be Added to Fees		eck Payable ment of State	
10.	OFFICERS AND DIR	ECTORS Delete	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN Change	☐ Addition 3
NAME STREET ADDRESS CITY-ST-ZIP	HAWLEY, LAURA L 5921 CHESTER LANE			ET ADDRESS -ST-ZIP	0000049156805 -02/13/0201074020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACQUES-LOUIS, MONIQUE 218 SW 20TH ST.			<b> </b>		*****70.8		Din Middlition
JUTLE NAME STREET AT PRESS CITY-ST- 32,	TD ST-FLEUR, MARVELITE NA 8361 NW 21 ST. SUNRISE FL 33322				emen Duj Sw 30 RT-LAUSERS	PORTE AVENU ALE FL	Change E 333 NT	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM HAWLEY, LAURA 5921 CHESTER LANE FORT LAUDERDALE FL 33331	☐ Delete			.,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCOIS, JOCELYNE 1180 E. 34 ST. BROOKLYN NY 11210	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete					☐ Change	☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								

SPIEGEL & UTRERA, P.A. (Requestor's Name) 1840 CORAL WAY, 4<sup>TH</sup> FLOOR MIAMI, FL 33145 (305) 854-6000 OFFICE USE ONLY (City, State, Zip) CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Certificate of Status Will wait Photocopy Mail out NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger TALLAHASSEE EL ORIDA DIVISION OF CORPORATION OF CORPORATI OTHER FILINGS QUALIFICATION. Annual Report 02 FEB -7 PN 2: 04 Fictitious Name Limited Partnership 0井AIココヨと Name Reservation Reinstatement

- Troublet

Examiner's Initials

Trademark