2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

May 22, 2002 8:00 am Secretary of State DOCUMENT # N0000008169 1. Entity Name 05-22-2002 90119 011 ****61 25 GOLD STAR ATHLETIC, INC. Principal Place of Business Mailing Address 3876 SW 112 AVE #137 3876 SW 112 AVE #137 MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State, City & State 4. FEI Number Applied For 65-1066574 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAINZ, MILDA L 5303 SW 153 AVE **MIAMI FL 33185** m19 submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 4/22/02 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME SAINZ, MILDA NAME STREET ADDRESS STREET ADDRESS 5303 SW 153 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CABEZAS, MIGUEL NAME STREET ADDRESS STREET ADDRESS 10976 SW 28 ST CITY-ST. ZIP CITY-ST-ZIP <u> MIAMI FL 33165</u> Delete TITLE .:Change.:: _ [_] Addition_J NAME Cabezas, Ana: 1 NAME STREET ADDRESS STREET ADDRESS 10976 SW 28ST CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33165 ☐ Delete TITLE ☐ Change ☐ Addition NAME BERNARDEZ, SANTIAGO NAME STREET ADDRESS STREET ADDRESS 5303 SW 153 AVE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33185 TITLE 150. ☐ Delete TITLE ☐ Change Addition NAME Gerena NAME Jose STREET ADDRESS STREET ADDRESS 15325 Sw CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED