

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90042 025 ****61.25

DOCUMENT # NO1000001154

1. Entity Name

GOLDEN STREETS, INC.

Principal Place of Business

140 SOUTH BOULEVARD
 BOYNTON BEACH FL 33435

Mailing Address

140 SOUTH BOULEVARD
 BOYNTON BEACH FL 33435

2. Principal Place of Business

140 South Blvd

Suite, Apt. #, etc.

C

City & State

Boynton Beach FL

Zip

33435

Country

Palm Beach

3. Mailing Address

140 South Blvd

Suite, Apt. #, etc.

C

City & State

Boynton Beach FL

Zip

33435

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1104100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROWN, ELIZABETH M
3094 JOG ROAD
GREENACRES FL 33463

7. Name and Address of New Registered Agent

Name **Sandra Chase**

Street Address (P.O. Box Number is Not Acceptable)

140 South Blvd # C

City

Boynton Beach

FL

Zip Code

33435

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandra Chase

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug 30, 2002

DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE **Director:** ☐ Delete
 NAME **Tammi Chase**
 STREET ADDRESS **1246 Brockton Ave.**
 CITY-ST-ZIP **Los Angeles, CA. 90025**

TITLE **Director:** ☐ Delete
 NAME **Carolyn De Coito**
 STREET ADDRESS **26 Howard Street**
 CITY-ST-ZIP **Haverhill, MA 01830**

TITLE **Director:** ☐ Delete
 NAME **Marilyn Fuschetti**
 STREET ADDRESS **5510 Barnstead Circle**
 CITY-ST-ZIP **Lakewood, FL 33463**

TITLE **Director:** ☐ Delete
 NAME **Sandra Chase**
 STREET ADDRESS **140 South Blvd. # C**
 CITY-ST-ZIP **Boynton Beach, FL 33435**

TITLE **Director:** ☐ Delete
 NAME **Georgene Taylor**
 STREET ADDRESS **11242 NW 14th Ct.**
 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sandra Chase 8-30-02 561 7407356

CR2E037 (4/02)