

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90035 016 ****61.25

DOCUMENT # N96000004635

1. Entity Name

SIGHT & SOUND OF GOLD BOOSTERS, INC.

Principal Place of Business

Mailing Address

14100 N.W. 89TH AVE.
MIAMI FL 33016

7536 WEST 34 LANE
HIALEAH FL 33018-6705

2. Principal Place of Business

Same

3. Mailing Address

8234 NW 165 ST

Suite, Apt. #, etc.

- Same

4. Suite, Apt. #, etc.

City & State

- Same

City & State

Miami

4. FEI Number

65-0671311

Applied For

Not Applicable

Zip

- Same

Country

- Same

Zip

FL

Country

33016

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNAIZ, VICTORIA
7536 WEST 34 LANE
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name

Alina Soto

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

8234 NW 165 ST

City

Miami FL

City

Florida

FL

Zip Code

33016

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 of Alina Soto]

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

(NOTE: Registered Agent signature required when reinstating)

[Date: Jan/25/2000]

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

Not Applicable

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: PD ARNAIZ, VICTORIA; VPD GODOY, NANCY; TD ZAMBRANO, CLAUDIA; SD VARGAS, SANDRA.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: PD Alina Soto; VPD Migdalia Wong; TD Janet Figueroa; SD Sandra Vargas.

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 of Victoria Arnaiz-Quintana]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Date: Jan/25/00, 825-8104]

CR2E037 (9/99)