

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002082

1. Entity Name

FLORIDA GOLDEN DREAMERS ASSOCIATION, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90080 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9823 N.E. 4TH AVENUE  
MIAMI SHORES FL 33138

9823 N.E. 4TH AVENUE  
MIAMI SHORES FL 33138-2402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0774086

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONDEA, BEBIT  
17051 NE 35TH AVE APT 209  
N. MIAMI FL 33160

Name

Dr. Remedios Geraldo

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

20341 NE, 30th Avenue # 116

City, A

Aventura

FL

Zip Code

33180

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

*Dr. Remedios Geraldo*  
Signature, typed or printed name of registered agent and title if applicable.

President

February 14, 2000

(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

TITLE P ☐ Delete  
NAME MONDEA, BEBIT  
STREET ADDRESS 17051 NE 35TH AVE APT 209  
CITY-ST-ZIP N MIAMI FL 33160

TITLE VC ☐ Delete  
NAME GARCIA, GUANITO  
STREET ADDRESS 2160 NE 174TH ST  
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE S ☐ Delete  
NAME FLORES, JOSEFINA J  
STREET ADDRESS 2244 NE 135 LANE  
CITY-ST-ZIP N. MIAMI BEACH FL 33181

TITLE D ☐ Delete  
NAME VALENCIA, SOLEDAD  
STREET ADDRESS 970 NE 138TH STREET  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D ☐ Delete  
NAME RAUSE, MARY  
STREET ADDRESS 2244 NE 135 LANE  
CITY-ST-ZIP N MIAMI BEACH FL 33181

TITLE D ☐ Delete  
NAME VILLAMAR, DOLORES  
STREET ADDRESS 12500 NE 15TH AVE, #10  
CITY-ST-ZIP N MIAMI FL 33161

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME Dr. Remedios Geraldo  
STREET ADDRESS 20341 NE, 30th Avenue # 116  
CITY-ST-ZIP Aventura, Florida 33180

TITLE VC ☒ Change ☐ Addition  
NAME David Celeste Canta  
STREET ADDRESS 1400 NW, 19th St. # 903  
CITY-ST-ZIP Miami, Florida 33125

TITLE S ☒ Change ☐ Addition  
NAME Linda Duran  
STREET ADDRESS NW 186th St. # 215-A  
CITY-ST-ZIP Miami, Florida 33015

TITLE D ☒ Change ☐ Addition  
NAME Juanito Garcia  
STREET ADDRESS 2160 NE 174 Street  
CITY-ST-ZIP North Miami Beach, Florida 33162

TITLE D ☒ Change ☐ Addition  
NAME Col. Luciano Directo  
STREET ADDRESS 15323 SW, 105 Avenue  
CITY-ST-ZIP Miami, Florida 33157

TITLE D ☒ Change ☐ Addition  
NAME Bebit Moneda  
STREET ADDRESS 17051 NE, 135th Avenue  
CITY-ST-ZIP North Miami Beach, Florida 33160

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:

*Dr. Remedios Geraldo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 14, 2000 (305)937-  
Date Daytime Phone # 0173