

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90072 035 ****61.25

DOCUMENT # N97000002107

1. Entity Name

GOLDEN GLADES DOMINO CLUB, INC.

Principal Place of Business

Mailing Address

**17440 NW 2 AVE
 MIAMI FL 33169**

**17440 NW 2 AVE
 MIAMI FL 33169-5036**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0801731

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

**NELSON, LENFORD
 17440 NW 2 AVE
 MIAMI FL 33169**

Name

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

City

FL

Zip Code

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D NELSON, LENFORD**
 STREET ADDRESS **8627 BEEKMAN DR**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LIBERT, WINSTON**
 STREET ADDRESS **3008 SW 67 TERR**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CHAMBERS, TREVOR**
 STREET ADDRESS **915 NW 199 STREET**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change Addition
 NAME **D Shirley Rodney**
 STREET ADDRESS **3404 Bahama Dr. Miramar, FL 33024**
 CITY-ST-ZIP

TITLE Delete
 NAME **D ANDERSON, KENNETH**
 STREET ADDRESS **8521 CLARIDGE DR**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 information.

SIGNATURE *Kenneth Anderson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 *(305) 499-4057*
 Date Daytime Phone #

CR2E037 (9/99)