

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002216

1. Entity Name  
GOLDEN NEWS, INC.

Principal Place of Business  
2440 CORAL WAY  
MIAMI FL 33145

Mailing Address  
2440 CORAL WAY  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINO, RAUL F ESQ.  
2440 CORAL WAY  
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAGOS, CARLOS M 5151 COLLINS AVENUE APT 1714 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAGOS, SILVIA E 5151 COLLINS AVENUE APT 1714 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 305 851 1904

Date

Daytime Phone #

FILED  
Jun 13, 2002 8:00 am  
Secretary of State

05-06-2002 90208 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

May 13, 2002

GOLDEN NEWS, INC.  
2440 CORAL WAY  
MIAMI, FL 33145

Subject: **GOLDEN NEWS, INC.**

Reference Number: **P00000002216**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Attachment 35306

**LAW OFFICES**

**RAUL F. PINO, P.A.**

**2440 Coral Way**

**Miami, Florida 33145**

**Telephone (305) 854-1904**

**Facsimile (305) 854-1937**

June 5, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn: Annual Reports Section

Re: **GOLDEN NEWS, INC**  
Reference NO. P00000002216

Dear Sir/Madam:

Since we applied for the Federal Employer Identification Number (FEI) number and as of this date we have not received it yet, I am enclosing as per your request copy of the FEI number application, copy of your letter and the Annual report form in order for you to file the 2002 Annual Report.

Should you have any questions, do not hesitate to contact the undersigned.

Sincerely yours,

*Raul F. Pino, Esq.*  
RAUL F. PINO, ESQ

RFP/vv  
Encl.

Form **SS-4****Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

OMB No. 1545-0048

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

**1** Name of applicant (legal name) (see instructions)  
GOLDEN NEWS, INC

**2** Trade name of business (if different from name on line 1)

**3** Executor, trustee, "care of" name

**4a** Mailing address (street address) (room, apt., or suite no.)  
2440 CORAL WAY

**4b** City, state, and ZIP code  
MIAMI, FLORIDA 33134

**5a** Business address (if different from address on lines 4a and 4b)

**5b** City, state, and ZIP code

**6** County and state where principal business is located  
Dade - FLORIDA

**7** Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ARENTING  
CARLOS M. LAGOS DL-1220-113-42-289-0 / PSP. 060-46291N

**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) \_\_\_\_\_
- ☐ Partnership ☐ Personal service corp.
- ☐ REMIC ☐ National Guard
- ☐ State/local government ☐ Farmers' cooperative
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) REBUK
- ☐ Other (specify) \_\_\_\_\_
- ☐ Estate (SSN of decedent) \_\_\_\_\_
- ☐ Plan administrator (SSN) \_\_\_\_\_
- ☐ Other corporation (specify) \_\_\_\_\_
- ☐ Trust
- ☐ Federal government/military
- (enter GEN if applicable) \_\_\_\_\_

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State FLORIDA Foreign country \_\_\_\_\_

- 9** Reason for applying (Check only one box.) (see instructions)
- ☐ Started new business (specify type) \_\_\_\_\_
- ☐ Banking purpose (specify purpose) \_\_\_\_\_
- ☐ Changed type of organization (specify new type) \_\_\_\_\_
- ☐ Purchased going business
- ☐ Created a trust (specify type) \_\_\_\_\_
- ☐ Other (specify) \_\_\_\_\_
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) \_\_\_\_\_

**10** Date business started or acquired (month, day, year) (see instructions)  
JANUARY 07/2000

**11** Closing month of accounting year (see instructions)  
DECEMBER 31/2000

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (see instructions)

Nonagricultural \_\_\_\_\_ Agricultural \_\_\_\_\_ Household \_\_\_\_\_

**14** Principal activity (see instructions) ADVERTISING

**15** Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used \_\_\_\_\_

**16** To whom are most of the products or services sold? Please check one box.

☒ Public (retail) ☐ Other (specify) \_\_\_\_\_ ☐ Business (wholesale) ☐ N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name \_\_\_\_\_ Trade name \_\_\_\_\_

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Fax telephone number (include area code)

Name and title (Please type or print clearly.) CARLOS M. LAGOS - PRESIDENT

Signature C. M. Lagos Date 05/24/02

Note: Do not write below this line. For official use only.

Please leave blank ☐ Gen. ☐ Ind. ☐ Class ☐ Size ☐ Reason for applying