

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000009886

1. Entity Name
GOLDEN BEACH INTERNATIONAL DEVELOPMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT -8 AM 8:33

Principal Place of Business Mailing Address
2601 S. BAYSHORE DR., SUITE 1400 MIAMI FL 33133
2601 S. BAYSHORE DR., SUITE 1400 MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

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 65-0993309 Applied For Not Applicable

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

GARCELL, NILDA T
2601 S. BAYSHORE DR., SUITE 1400
MIAMI FL 33133

Name ALFREDO G. DURAN
Street Address (P.O. Box Number is Not Acceptable)
2601 So. Bayshore Dr.
S-1400
City Miami FL Zip Code 33133

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 ALFREDO G. DURAN 10-5-01
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCELL, NILDA T 2601 S. BAYSHORE DR., SUITE 1400 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Dir Alfredo G. Duran 2601 So. Bayshore Dr. Miami, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas/Dir Amparo Boten Malkun 18671 Collins Ave., Apt. 3203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004638435-5 -10/16/01--01038--003 ****550.00 ****550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer like empowered.

SIGNATURE: ALFREDO G. DURAN Pres/Dir

9-10-01 (305) 859-2696
Date Daytime Phone #

CR2E034 (10/00)