

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009886

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

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



DO NOT WRITE IN THIS SPACE

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

[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

TITLE D ☒ Delete
NAME GARCELL, NILDA T
STREET ADDRESS 2601 S. BAYSHORE DR., SUITE 1400
CITY-ST-ZIP MIAMI FL 33133

TITLE Pres/Dir ☐ Change ☒ Addition
NAME Alfredo G. Duran
STREET ADDRESS 2601 So. Bayshore Dr.
CITY-ST-ZIP Miami, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sec/Treas/Dir ☐ Change ☒ Addition
NAME Amparo Boten Malkun
STREET ADDRESS 18671 Collins Ave., Apt. 3203
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500004638435-5
STREET ADDRESS -10/16/01-01038-003
CITY-ST-ZIP *****550.00 *****550.00

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO G. DURAN Pres/Dir

9-10-01

Date

(305) 859-2696

Daytime Phone #

CR2E034 (10/00)