FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

~~REINSTATEMENT~~

DOCUMENT # P00000009886

1. Entity Name

GOLDEN BEACH INTERNATIONAL DEVELOPMENT, INC.

W06-20934

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

FILED

06 MAY 11 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

2. Principal Place of Business 2601 So. Bayshore Dr.	3. Mailing Address Same		
Suite, Apt. #, etc. 1400	Suite, Apt. #, etc.		
City & State Miami, Florida	City & State	4. FEI Number 65-0993309	☐ Applied For ☑ Not Applicable
Zip 33133	Country USA	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

Alfredo G. Duran

2601 So. Bayshore Dr., Ste 1400

Miami, Florida 33133

7. Name and Address of Current 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 X _____ 4/18/06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Alfredo G. Duran

| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ | January 1-May 1 Fee is $150.00
After May 1, Fee Is $550.00
Amended UBR is $61.25
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	Pres/Dir Amparo Botero Malkun 18671 Collins ave., Apt. 3203 Miami, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100076067411 06/12/06--01013--003 **1050.00
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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 in an attachment with an address, with all other like empowered.

SIGNATURE: X _____ Pres Amparo Botero Malkun (305) 859-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   4/18/06