

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED

04 JAN 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000011105	
1. Entity Name	
GOLDBEATER INVESTMENTS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1499 W PALMETTO PK RD STE 416		3. Mailing Address	
Suite, Apt. #, etc. 416		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33486	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1002454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MARZOUKA, TONY	
Street Address (P.O. Box Number is Not Acceptable) 1499 W PALMETTO PK RD STE 416	
City BOCA RATON	Zip Code 33486

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] **DATE** 1/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY MARZOUKA 1499 W PALMETTO PK RD STE 416 BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900027095679 01/16/04--01033--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YSAN BADDUR 1499 W PALMETTO PK RD STE 416 BOCA RATON, FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **DATE** 1/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #