

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000052610*

1. Entity Name
GOLDEN NEEDLE CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 5:07

Principal Place of Business Mailing Address
142 SE 6TH AVENUE 142 SE 6TH AVENUE
DELRAY BEACH, FL 33483 DELRAY BEACH, FL
33483

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1064404

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONICUDIS, RENE D.
315 SE 7TH STREET
SECOND FLOOR
FORT LAUDERDALE, FL 33301

Name *MATATIA, ALBERT*
Street Address (P.O. Box Number is Not Acceptable)
142 SE 6TH AVENUE
City *DELRAY BEACH* FL Zip Code *33483*

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 *Albert Matatia* *ALBERT MATATIA* *OCT 17, 2001*
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) ☐

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* NAME *MATATIA, ALBERT* ☐ Delete
STREET ADDRESS *142 SE 6TH AVENUE*
CITY-ST-ZIP *DELRAY BEACH, FL 33483*

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE *Albert Matatia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 17, 2001
Date

Daytime Phone #

OR2E034 (11/00)



Mailing Address:

160 Southeast Sixth Avenue Suite B2
DeRay Beach, Florida 33483-5264

Communications:

Telephone: 561-272-1040
Tele Fax: 561-272-1138
Cellular: 561-702-7182
Email: vangorpcpa@aol.com

*Dedicated To Preserving Capital
and Protecting Income*

October 17, 2001

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

Dear Sirs,

I am writing you on behalf of Mr. Albert Matatia and Golden Needle Corp. Mr. Matatia received the attached NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION for his corporation GOLDEN NEEDLE CORP. He immediately brought it to me. I questioned him regarding having received a UBR report and he had not ever received, nor seen, such a report when I showed him a blank one.

Mr. Matatia is from Israel and although he does not always understand everything in English he is scrupulous regarding payment of obligations and paperwork. He always brings any item he does not understand to my office for interpretation and attention. I am absolutely certain that he never received the UBR report or he would have paid it immediately or brought it to me.

Accordingly, I am asking that the UBR form that I have completed for him along with his check in the amount of \$158.75 be accepted as timely filed and that the corporate dissolution action be voiced.

We have changed the registered agent to Mr. Matatia on this form and have added the FEI Number which the Division of Corporations apparently did not have. Further I have explained to him what responsibilities involved with being the Resident Agent and he understands and can, and will, act in that capacity.

Your assistance in the above matter will be most appreciated. Should you require any further information please do not hesitate to contact Mr. Matatia or myself at the above telephone numbers.

Sincerely yours,

David L. C. Van Gorp, CPA

ENCLOSURES: Signed & Completed UBR Form,
Check and Copy of Notice Received.