

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 53544

Entity Name

Golden Dream Homes, Inc. (LA)

Principal Place of Business

Mailing Address

2610 39th St SW
Naples, FL 34117

Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

4. FGI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

Maria A Sanchez
3430 SW 127 Ave
Miami FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Sign above, typed or printed name of registered agent and date if applicable)

(If 11. Unregistered Agent (signature required when completing)

DATE

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11
1. NAME: Maria L Sanchez 2. STREET ADDRESS: 3430 SW 127 AVE 3. CITY-STATE-ZIP: MIAMI FL 33175 ☐ Delete	1. NAME: ☐ Change ☐ Addition 2. STREET ADDRESS: ☐ Change ☐ Addition 3. CITY-STATE-ZIP: ☐ Change ☐ Addition
4. NAME: Armando Parra Jr 5. STREET ADDRESS: 3821 31 Ave S.W. 6. CITY-STATE-ZIP: Naples FL 34117 ☐ Delete	4. NAME: ☐ Change ☐ Addition 5. STREET ADDRESS: ☐ Change ☐ Addition 6. CITY-STATE-ZIP: ☐ Change ☐ Addition
7. NAME: ☐ Delete 8. STREET ADDRESS: ☐ Delete 9. CITY-STATE-ZIP: ☐ Delete	7. NAME: ☐ Change ☐ Addition 8. STREET ADDRESS: ☐ Change ☐ Addition 9. CITY-STATE-ZIP: ☐ Change ☐ Addition
10. NAME: ☐ Delete 11. STREET ADDRESS: ☐ Delete 12. CITY-STATE-ZIP: ☐ Delete	10. NAME: ☐ Change ☐ Addition 11. STREET ADDRESS: ☐ Change ☐ Addition 12. CITY-STATE-ZIP: ☐ Change ☐ Addition
13. NAME: ☐ Delete 14. STREET ADDRESS: ☐ Delete 15. CITY-STATE-ZIP: ☐ Delete	13. NAME: ☐ Change ☐ Addition 14. STREET ADDRESS: ☐ Change ☐ Addition 15. CITY-STATE-ZIP: ☐ Change ☐ Addition
16. NAME: ☐ Delete 17. STREET ADDRESS: ☐ Delete 18. CITY-STATE-ZIP: ☐ Delete	16. NAME: ☐ Change ☐ Addition 17. STREET ADDRESS: ☐ Change ☐ Addition 18. CITY-STATE-ZIP: ☐ Change ☐ Addition
19. NAME: ☐ Delete 20. STREET ADDRESS: ☐ Delete 21. CITY-STATE-ZIP: ☐ Delete	19. NAME: ☐ Change ☐ Addition 20. STREET ADDRESS: ☐ Change ☐ Addition 21. CITY-STATE-ZIP: ☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 119.07(3)(f), 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 info empowered.

SIGNATURE: *Maria L Sanchez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature/Phone #

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90003 025 ***150.00