

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90109 018 \*\*\*158.75

**DOCUMENT # P00000062182**

1. Entity Name  
**GOLDEN PRIDE, INC.**



Principal Place of Business  
**1501 NORTHPOINT PARKWAY  
SUITE 100  
WEST PALM BEACH FL 33416-8109 33407**

Mailing Address  
**1501 NORTHPOINT PARKWAY 5841 Corporate Way, Ste 200  
SUITE 100  
WEST PALM BEACH FL 33416-8109 33407**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2252242**

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

**MAZORRA, SHERRY  
5841 CORPORATE WAY, # 200  
WEST PALM BEACH FL 33407**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State.**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PATEL, AJIT**  
STREET ADDRESS **5201 BLUE LAGOON DRIVE #100**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☒ Change ☐ Addition  
NAME **5841 Corporate Way Suite 200**  
STREET ADDRESS **West Palm Beach, FL 33407**  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **HUDSON, WILLIAM E**  
STREET ADDRESS **1501 NORTHPOINT PKWY, SUITE 100**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☒ Change ☐ Addition  
NAME **HUDSON William E.**  
STREET ADDRESS **5841 Corporate Way Suite 200**  
CITY-ST-ZIP **West Palm Beach FL 33407**

TITLE **T** ☐ Delete  
NAME **MAZORRA, SHERRY**  
STREET ADDRESS **5841 CORPORATE WAY, SUITE 200**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SHERRY MAZORRA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/03 561-8353777**  
Date Daytime Phone #

CR2E034 (10/02)