

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90058 010 \*\*\*150.00

**DOCUMENT # P00000067436**

1. Entity Name

**GOLD LEAF DISTRIBUTION, CO.**

Principal Place of Business

15850 S.W. 106 TERRACE  
MIAMI FL 33196

Mailing Address

15850 S.W. 106 TERRACE  
MIAMI FL 33196

2. Principal Place of Business

2020 NE 163 Street

Suite, Apt. #, etc.

Suite 203

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Address

2020 NE 163 Street

Suite, Apt. #, etc.

Suite 203

City & State

North Miami Beach, FL

Zip

33162

Country

USA

4. FEI Number

65-1030164

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURAN C., CAROLINA  
15850 S.W. 106 TERRACE  
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

CAROLINA DURAN

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

2020 NE 163 Street

Suite 203

City

North Miami Beach

FL

Zip Code

33162

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

*Carolina Duran*

(NOTE: Registered Agent signature required when reinstating)

4/25/01

DATE

9. 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**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DURAN C., CAROLINA	
STREET ADDRESS	15850 S.W. 106 TERRACE	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 reports 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:

*Carolina Duran*

CAROLINA DURAN

5-29-01 (305) 947-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)