

DOCUMENT # P00000074861

1. Entity Name
GOLDEN EAGLE TRADING INVESTMENTS, INC.

Principal Place of Business

1020 SW 10TH AVE
MIAMI FL 33130

Mailing Address

~~1020 SW 10TH AVE~~
~~MIAMI FL 33130~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. BOX 013482

MIAMI, FLORIDA

33101

4. FEI Number

65-1033026

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CHEHADE, R. ALFONSO~~
~~1020 SW 10TH AVE~~
~~MIAMI FL 33130~~

7. Name and Address of New Registered Agent

Name

CHEHADE, R. ALFONSO

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

1020 SW 10TH AVENUE

City

MIAMI

FL

Zip Code

33130

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

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

R. ALFONSO CHEHADE

01-02-2001

(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) ☐

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	CHEHADE, R. ALFONSO	1020 SW 10TH AVE	MIAMI FL 33130	<input type="checkbox"/>
VSD	CHEHADE, PAUL	1020 SW 10TH AVE	MIAMI FL 33130	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. ALFONSO CHEHADE 01-02-2001 (305) 8540401

Date

Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90022 001 ***150.00

01-13-2001 90022 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)