

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081871

1. Entity Name
GOLDFLOWER CORP.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90014 010 ***150.00

Principal Place of Business
9010 SOUTHWEST 137TH AVE STE #206
MIAMI FL 33186

Mailing Address
9010 SOUTHWEST 137TH AVE STE #206
MIAMI FL 33186

00025841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18090 COLLINS AVE #17
Suite, Apt. #, etc.
17

3. Mailing Address
18090 COLLINS AVE #17
Suite, Apt. #, etc.
17

City & State
SUNNY ISLE - FLORIDA
Zip
33160
Country
USA

City & State
SUNNY ISLE - FLORIDA
Zip
33160
Country
USA

4. FEI Number
65-1079885
Applied For
Not Applicable

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

GUZMAN, MARIO I
9010 SOUTHWEST 137TH AVE STE #206
MIAMI FL 33186

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.

SIGNATURE _____
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) ☐

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAFTALI, IGNACIO H		NAME	16909 N. BAY ROAD APT # 108	
STREET ADDRESS	9010 SOUTHWEST 137TH AVE STE #206		STREET ADDRESS	SUNNY ISLE - FL. 33160	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE	VSDD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENAFALI, INES E. RENNER		NAME	16909 N. Bay Road APT # 108	
STREET ADDRESS	9010 SOUTHWEST 137TH AVE STE #206		STREET ADDRESS	SUNNY ISLE - FL. 33160	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VSDD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CORREA RICARDO DANIEL	
STREET ADDRESS			STREET ADDRESS	17011 N. BAY ROAD APT # 517	
CITY-ST-ZIP			CITY-ST-ZIP	SUNNY ISLE. FL. 33160	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01 (305) 321-7449
Date Daytime Phone #

CR2E034 (10/00)