

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90247 015 ***150.00

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DOCUMENT # P00000081871

1. Entity Name
GOLDFLOWER CORP.



Principal Place of Business
**2171 NW 98 TERRACE
PEMBROKE PINES FL 33024**

Mailing Address
**2171 NW 98 TERRACE
PEMBROKE PINES FL 33024**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1079885**

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

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

Name **ISAAC MATE**
Street Address (P.O. Box Number is Not Acceptable)
2742 BISCAYNE BLV.
City **MIAMI** FL Zip Code **33132**

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 **4/28/03**

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 **PD** ☐ Delete
NAME **HAFTALI, IGNACIO H**
STREET ADDRESS **16909 N BAY ROAD APT #108**
CITY-ST-ZIP **SUNNY ISLE FL 33160**

TITLE ☐ Change ☐ Addition
NAME **NAFTALI IGNACIO H.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSDD** ☐ Delete
NAME **E NAFTALI, INES E. RENNER**
STREET ADDRESS **16909 N BAY ROAD APT #108**
CITY-ST-ZIP **SUNNY ISLE FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (954) 344-4827
Date Daytime Phone #

CR2E034 (10/02)