

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090268

1. Entity Name
GOLD VALLEY MIAMI INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90029 024 ***150.00

0025240 AV

Principal Place of Business
11401 PINES BLVD. K-955
PEMBROKE LAKES MALL
PEMBROKE PINES FL 33026

Mailing Address
11401 PINES BLVD. K-955
PEMBROKE LAKES MALL
PEMBROKE PINES FL 33026

UUU62118



2. Principal Place of Business

19501 BISCAYNE BLVD
Suite, Apt. #, etc.
K1990

3. Mailing Address

1337 NE 163RD ST MALL
Suite, Apt. #, etc.
1337

DO NOT WRITE IN THIS SPACE

City & State
AVENTURA FL
Zip
33180
Country

City & State
NORTH MIAMI BEACH
Zip
33162
Country

4. FEI Number

65-1085784

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATTAWALA, NOORALLAH S
11401 PINES BLVD. K-955
PEMBROKE LAKES MALL
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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
D
ATTAWALA, ANOORALLAH S
STREET ADDRESS
11401 PINES BLVD. K-955
CITY-ST-ZIP
PEMBROKE PINES FL 33026

☐ Delete

TITLE
NAME
D
ATTAWALA, SULEMAN
STREET ADDRESS
11401 PINES BLVD. K-955
CITY-ST-ZIP
PEMBROKE PINES FL 33026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)