

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108391

1. Entity Name

GOLDFINGER'S NORTH, INC.

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

04-05-2001 90042 037 ***150.00

Principal Place of Business Mailing Address
3801 N UNIVERSITY DR. STE 101 3801 N UNIVERSITY DR. STE 101
SUNRISE FL 33351 SUNRISE FL 33351

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

65-1058065

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

TERMINELLO, LOUIS J ESQ
TERMINELLO & TERMINELLO, P.A.
2700 SW 37TH AVE
MIAMI FL 33133

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	D	<input type="checkbox"/> Delete
NAME	DEL PERCIO, ANTOINETTE	
STREET ADDRESS	3801 N UNIVERSITY DR, STE 101	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	DEL PERCIO, ANTOINETTE	
STREET ADDRESS	3801 N UNIVERSITY DR, STE 101	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: ANTOINETTE DEL PERCIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/01 954 748 6378
Date Daytime Phone #

CR2E034 (10/00)