FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90071 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000 112030

420189

1. Entity Name
GOLDEN SANDS HOLDINGS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
499 NE MIZNER BLVD
Suite, Apt. #, etc.
TH-20
City & State
BOCA RATON
Zip
33432
Country
PALM BEACH

3. Mailing Address
Suite, Apt. #, etc.
"SAME"
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1064248
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
ROBERT W. SLATER
Street Address (P.O. Box Number is Not Acceptable)
214 BRAZILIAN AVE #260
City
PALM BEACH
FL
Zip Code
33480

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: Robert L. Slater 1/18/02
Signature, type or print name of registered agent and title if applicable — Registered Agent signature required when changing — Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT SANDRINA LAWRENCE 499 NE MIZNER BLVD TH-20 BOCA RATON, FL 33432
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: S Lawrence Jan 18 2002 561-362-4273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SANDRINA LAWRENCE, PRESIDENT