

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90286 041 ***150.00

DOCUMENT # P00000117324

1. Entity Name

GOLDEN CAR CORP.

Principal Place of Business

Mailing Address

450 ROYAL PALM WAY, STE 401
 C/O W. MORGAN SPEER
 PALM BEACH, FL 33480

450 ROYAL PALM WAY, STE 401
 C/O W. MORGAN SPEER
 PALM BEACH, FL 33480

2. Principal Place of Business

1800 AUSTRALIAN AVENUE SOUTH

3. Mailing Address

1800 AUSTRALIAN AVE SOUTH

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33409

Country

U.S.A.

Zip

33409

Country

U.S.A.

4. FEI Number

65-1081185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

552910

6. Name and Address of Current Registered Agent

W. MORGAN SPEER

450 ROYAL PALM WAY, SUITE 401
 PALM BEACH, FLORIDA 33480

7. Name and Address of New Registered Agent

Name

W. MORGAN SPEER, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

1800 AUSTRALIAN AVENUE SOUTH

SUITE 100

City

WEST PALM BEACH

FL

Zip Code

33409

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

W. Morgan Speer

W. MORGAN SPEER

APRIL 30, 2001

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

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Delete
NAME	GOLDIE BERSHAD	
STREET ADDRESS	450 ROYAL PALM WAY, SUITE 401	
CITY-ST-ZIP	PALM BEACH, FLORIDA 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDIE BERSHAD	
STREET ADDRESS	1800 AUSTRALIAN AVENUE SOUTH, SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33409	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. MORGAN SPEER	
STREET ADDRESS	1800 AUSTRALIAN AVENUE SOUTH, SUITE 100	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

W. Morgan Speer

W. MORGAN SPEER

4/30/01

(561) 655-9478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (11/00)