

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0363633 AV

04-14-2003 90934 026 ***150.00

DOCUMENT # P00000117324

1. Entity Name
GOLDEN CAR CORP.



Principal Place of Business
**1800 AUSTRALIAN AVE S
STE 100
WEST PALM BEACH FL 33409**

Mailing Address
**1800 AUSTRALIAN AVE S
STE 100
WEST PALM BEACH FL 33409**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1081185**

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

**SPEER, MORGAN W ESQ
1800 AUSTRALIAN AVE SOUTH
STE 100
WEST PALM BEACH FL 33409**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **BERSHAD, GOLDIE**
STREET ADDRESS **1800 AUSTRALIAN AVE S SUITE 100**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **PD** ☒ Change ☐ Addition
NAME **C. Lorraine Hoffinger**
STREET ADDRESS **1800 Australian Avenue South, Suite 100**
CITY-ST-ZIP **West Palm Beach, FL 33409** ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **SPEER, W. MORGAN**
STREET ADDRESS **1800 AUSTRALIAN AVE S STE 100**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: _____

C. Lorraine Hoffinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 561-655-9478
Date Daytime Phone #

CR2E034 (10/02)