

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90025 013 ***150.00

DOCUMENT # P01000014014

1. Entity Name
GOLDEN AGES-ALF, CORP.

Principal Place of Business
8722 SOUTHWEST 159TH PLACE
MIAMI FL 33193

Mailing Address
8722 SOUTHWEST 159TH PLACE
MIAMI FL 33193

2. Principal Place of Business
6826 WEST 25CT.

3. Mailing Address
8075 S.W. 206 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HALEAH FL.

City & State
MIAMI - FL.

4. FEI Number
65-1076810

Applied For
Not Applicable

Zip
33016

Country

Zip
33189

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **GLADYS IGLESIAS**
Street Address (P.O. Box Number is Not Acceptable)
8075 S.W. 206 TH TERRACE
City **MIAMI** **FL** **Zip Code** **33189**

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

GLADYS IGLESIAS **2/19/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **IGLESIAS, GLADYS**
STREET ADDRESS **8722 SOUTHWEST 159TH PLACE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **GLADYS IGLESIAS**
STREET ADDRESS **8075 S.W. 206 TERR**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.

2/19/02 786-325-0862

CR2E034 (9/01)