FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91335 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043776

1. Entity Name

GOLD LION ENTERPRISE, INC.

DO NOT WRITE IN THIS SPACE

668690

2. Principal Place of Business	3. Mailing Address
PO BOX 832736	PO BOX 832736
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33283 Country	Zip: 33283 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1099442

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: JOSE A ESCOBAR

Street Address (P.O. Box Number is Not Acceptable): 1802 N UNIVERSITY DR 3RD FLOOR

City: PLANTATION FL 33322

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.

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

Due January 1 – May 1; Fee is $150.00
After May 1; Fee is $550.00
Amended UBR is $87.50
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be added to fees

OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	JOSE A ESCOBAR	NAME	
STREET ADDRESS	1802 UNIVERSITY DR 3RD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CRISTINA LEON	NAME	
STREET ADDRESS	1802 UNIVERSITY DR 3RD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR