

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90374 008 ***150.00

014976 AV

DOCUMENT # P01000067595

1. Entity Name

GOLDEN ISLAND, INC.

Principal Place of Business

**7817 MAPLEWOOD
 SUITE #614
 MELBOURNE FL 32904**

Mailing Address

**7817 MAPLEWOOD
 SUITE #614
 MELBOURNE FL 32904**

2. Principal Place of Business

3112 MANOR DR NE

3. Mailing Address

3112 MANOR DR NE

Suite, Apt., #, etc.

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BAY, FL.

City & State

PALM BAY, FL.

4. FEI Number

59-3140992

Applied For

Not Applicable

Zip

32905

Country

USA

Zip

32905

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SABAGH, MOHAMMAD
 7817 MAPLEWOOD
 SUITE #614
 MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name **HAITHAM TALEB**

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

3112 MANOR DR NE

City

PALM BAY

FL

Zip Code

32905

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

03-30-02

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
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ Delete
 NAME **SABAGH, MOHAMMAD**
 STREET ADDRESS **7817 MAPLEWOOD SUITE #614**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **PSTD** ☐ Delete
 NAME **HAITHAM TALEB**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **P, S, T, D**
 STREET ADDRESS **HAITHAM TALEB**
 CITY-ST-ZIP **3112 MANOR DR. NE
 PALM BAY, FL. 32905**

TITLE ☒ Change ☒ Addition
 NAME **KHALID SEIDAN**
 STREET ADDRESS **VP**
 CITY-ST-ZIP **3112 MANOR DR NE
 PALM BAY, FL. 32905**

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

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

TITLE ☐ Change ☐ 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: HAITHAM TALEB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-02 321-956-9952

Date

Daytime Phone #

CR2E034 (9/01)