

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90452 018 ***150.00

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DOCUMENT # P01000067595

1. Entity Name
GOLDEN ISLAND, INC.



Principal Place of Business
**3112 MANOR DR NE
PALM BAY FL 32905**

Mailing Address
**3112 MANOR DR NE
PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

845 Hanau Ave. NW

845 Hanau Ave. N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Bay, FL

City & State
Palm Bay, FL

Zip
32907

Country
Brevard USA

Zip
32907

Country
USA

4. FEI Number
59-3740992

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALEB, HAITHAM

**3112 MANOR DR NE
PALM BAY FL 32905**

**845 Hanau Ave. N.W.
Palm Bay, FL 32907**

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
TALEB, HAITHAM
3112 MANOR DR NE
PALM BAY FL 32905** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**845 Hanau Avenue NW
Palm Bay, FL 32907-9330** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SEIDAN, KHALID
3112 MANOR DR NE
PALM BAY FL 32905** ☒ Delete

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-03

Date

321-956-9952

Daytime Phone #

CR2E034 (10/02)