

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0314957 AV

DOCUMENT # P01000077906

1. Entity Name
GOLD HAND CORPORATION



04-30-2003 90127 018 ***150.00

Principal Place of Business
3244 S.W. 154TH COURT
MIAMI FL 33185

Mailing Address
3244 S.W. 154TH COURT
MIAMI FL 33185

2. Principal Place of Business

13876 SW 56 St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

354

Suite, Apt. #, etc.

SAME

City & State

MIAMI, FLORIDA

City & State

SAME

Zip

33175

Country

U.S.A.

Zip

SAME

Country

SAME

4. FEI Number

65-1127422

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

DE MARCANO, ILDA D
3244 S.W. 154TH COURT
MIAMI FL 33185

7. Name and Address of New Registered Agent

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

TITLE PD
NAME DE MARCANO, ILDA D
STREET ADDRESS 3244 S.W. 154TH COURT
CITY-ST-ZIP MIAMI FL 33185

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD
NAME EVAN E. NOUGUES MARTINEZ
STREET ADDRESS 13825 SW 88 St. # 158
CITY-ST-ZIP MIAMI, FL 33186-1303

☐ Change

☒ Addition

TITLE VD
NAME AIMARA NAIR BETANCOURT
STREET ADDRESS 13876 SW 56 St. # 354
CITY-ST-ZIP MIAMI, FL 33175

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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:

Ilida de Marciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

786-331-7771

Daytime Phone #

CP2E034 (10/02)