

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087061

1. Entity Name
GOLDEN PARADISE SERVICES ENTERPRISES CORPORATIONFILED
Jun 27, 2002 8:00 am
Secretary of State

05-23-2002 90041 001 ***150.00

Principal Place of Business
12850 W STATE RD 84 LOT I-5
DAVIE FL 33325Mailing Address
12850 W STATE RD 84 LOT I-5
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12850 W state road 84 Suite, Apt. #, etc. lot 1-5 City & State Davie, Florida Zip 33325 Country E.U.	3. Mailing Address 12850 W state road 84 Suite, Apt. #, etc. lot 1-5 City & State Davie, Florida Zip 33325 Country E.U.
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4. FEI Number
42-1540342Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

RAMIREZ, GLORIA
12850 W STATE RD 84 LOT I-5
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name	N/A	same
Street Address (P.O. Box Number is Not Acceptable)	N/A	same
City	N/A	same FL
Zip Code	N/A	

B. 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

(NOTE: Registered Agent signature required when reinstating)

4-25-02

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, GLORIA 12850 W STATE RD 84 LOT I-5 DAVIE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-25-02 954.4523756

Date

Daytime Phone #

CR2E034 (9/01)