

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2002 90072 004 ***150.00

DOCUMENT # P01000090653

1. Entity Name

GOLDEN VIEW INTERNATIONAL, INC.

Principal Place of Business

**2333 BRICKELL AVE MEZZ SUITE
 MIAMI FL 33129**

Mailing Address

**2333 BRICKELL AVE MEZZ SUITE
 MIAMI FL 33129**

2. Principal Place of Business

18671 COLLINS AVENUE

Suite, Apt. #, etc.

#3203

City & State

SUNNY ISLES BCH, FL

Zip

33160

Country

USA

3. Mailing Address

18671 COLLINS AVENUE

Suite, Apt. #, etc.

#3203

City & State

SUNNY ISLES BCH, FL

Zip

33160

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1153552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MALEK, FARHAD

2333 BRICKELL AVE MEZZ SUITE

MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

LUIS F. MALKUN

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

18671 COLLINS AVENUE

#3103

City

SUNNY ISLES BCH

FL

Zip Code

33160

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-30-02

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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BOTERO, LUIS F | |
| STREET ADDRESS | 18671 COLLINS AVE #3201 | |
| CITY-ST-ZIP | SUNNY ISLES FL 33160 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HENAO, LUCILA | |
| STREET ADDRESS | 18671 COLLINS AVE #3201 | |
| CITY-ST-ZIP | SUNNY ISLES FL 33160 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | 5 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LUIS F MALKUN | |
| STREET ADDRESS | 18671 COLLINS AVE #3203 | |
| CITY-ST-ZIP | SUNNY ISLES BCH, FL 33160 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #

CR2E034 (9/01)