

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90693 008 ***150.00

DOCUMENT # *P01000099973*

1. Entity Name

GOLDSBK, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1702 NE 38 ST

Suite, Apt. #, etc.

3. Mailing Address

1702 NE 38 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL

4. FEI Number

65-1155360

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JERRY GOLD

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

1702 NE 38 ST

City

OAKLAND PARK

FL

Zip Code

33334

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 reconstituting)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☒

**January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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	<i>DIRECTOR</i>
NAME	<i>JERRY GOLD</i>
STREET ADDRESS	<i>1702 NE 38 ST</i>
CITY - ST - ZIP	<i>OAKLAND PK FL 33334</i>
TITLE	<i>V.P.</i>
NAME	<i>LINDA LARCHE</i>
STREET ADDRESS	<i>1702 NE 38 ST</i>
CITY - ST - ZIP	<i>OAKLAND PK FL 33334</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02

Date

954 895 0516

Daytime Phone #

CR2E034B (12/01)