

**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 <i>1702 NE 38 ST</i> Suite, Apt. #, etc.	3. Mailing Address <i>1702 NE 38 ST</i> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <i>OAKLAND PARK FL</i>	City & State <i>OAKLAND PARK FL</i>
Zip <i>33334</i>	Zip <i>33334</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <i>65-1155360</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>JERRY GOLD</i>
Street Address (P.O. Box Number is Not Acceptable) <i>1702 NE 38 ST</i>
City <i>OAKLAND PARK FL</i> Zip Code <i>33334</i>

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 reinstating) DA IL

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>	TITLE	NAME
STREET ADDRESS <i>1702 NE 38 ST</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>OAKLAND PK FL 33334</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>V.P.</i>	NAME <i>LINDA LARCHE</i>	TITLE	NAME
STREET ADDRESS <i>1702 NE 38 ST</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>OAKLAND PK FL 33334</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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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]* *5/14/02* *954 895 0516*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)