

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 013 ***150.00

DOCUMENT # **PO2000000341**

1. Entity Name

GOLDA ENTERPRISES INC.



70033439

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2265 Ridgewood Cir
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 267185
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Royal Palm Bch FL

City & State

WESTON FL

4. FEI Number

30-0027398

Applied For

Not Applicable

Zip

33411

Country

U.S.A

Zip

33326

Country

U.S.

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

Golda MURDOCK

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

2265 Ridgewood Circle

Royal Palm Bch

City

Royal Palm Bch FL

Zip Code

33411

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**Golda MURDOCK - P
2265 Ridgewood Cir
Royal Palm Bch FL 33411**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

Daytime Phone #

CR2E034B (12/02)