

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90122 037 ***150.00

DOCUMENT # P02000057189

1. Entity Name
GOLDEN ROOT, INC.



Principal Place of Business
**11025 SW 88TH ST., SUITE N203
MIAMI FL 33176**

Mailing Address
**11025 SW 88TH ST., SUITE N203
MIAMI FL 33176**

00010341



2. Principal Place of Business
**6755 SW 88 ST
Suite, Apt. #, etc.
0223**

3. Mailing Address
**6755 SW 88 ST
Suite, Apt. #, etc.
0223**

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33156

City & State
Miami, FL
Zip
33156

4. FEI Number
043706288

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERREIRA, GISELLE
11025 SW 88TH ST., SUITE N203
MIAMI FL 33176**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of c the obligations of registered agent.

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

reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **FERREIRA, GISELLE**
STREET ADDRESS **11025 SW 88TH ST., SUITE N203**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☒ Change ☐ Addition
NAME **Ferreira, Giselle**
STREET ADDRESS **6755 SW 88 ST #0223**
CITY-ST-ZIP **Miami, FL 33156**

TITLE **D** Delete
NAME **FERREIRA, ARACI**
STREET ADDRESS **11025 SW 88TH ST., SUITE N203**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☒ Change ☐ Addition
NAME **Ferreira, Araci**
STREET ADDRESS **6755 SW 88 ST #0223**
CITY-ST-ZIP **Miami, FL 33156**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Giselle Ferreira** **02/04/03** **305.668.3543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)