

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91451 027 ***150.00

DOCUMENT # P02000093631

1. Entity Name

GOLDEN ISLES BUSINESS CENTER, INC.



Principal Place of Business
**501 GOLDEN ISLES DRIVE #203
HALLANDALE FL 33009**

Mailing Address
**501 GOLDEN ISLES DRIVE #203
HALLANDALE FL 33009**



2. Principal Place of Business

501 GOLDEN ISLES DRIVE

3. Mailing Address

501 GOLDEN ISLES DRIVE

Suite, Apt. #, etc.

201 E

Suite, Apt. #, etc.

201 E

City & State

HALLANDALE BEACH FL

City & State

HALLANDALE BEACH, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3651824

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, PATRICK

501 GOLDEN ISLES DRIVE #203

HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Williams, Patrick

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

501 GOLDEN ISLES DRIVE

SUITE 201 E

City

HALLANDALE BEACH

FL

Zip Code

33009

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 reinstalling)

DATE

4/30/03

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

TITLE **PD** ☐ Delete
NAME **ANDERSON, HOPETON**
STREET ADDRESS **501 GOLDEN ISLES DRIVE #203**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **STD** ☐ Delete
NAME **WILLIAMS, PATRICK**
STREET ADDRESS **501 GOLDEN ISLES DRIVE #203**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VD** ☒ Delete
NAME **WALKER, TREVOR**
STREET ADDRESS **501 GOLDEN ISLES DRIVE #203**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **WILLIAMS, PATRICK**
STREET ADDRESS **501 GOLDEN ISLES DRIVE, SUITE 201 E**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE **SECRETARY-TREASURER-DIA** ☐ Change ☒ Addition
NAME **PETER IRVING**
STREET ADDRESS **501 GOLDEN ISLES DRIVE, SUITE 201 E**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE **VICE PRESIDENT-DIRECTOR** ☒ Change ☐ Addition
NAME **HOPETON ANDERSON**
STREET ADDRESS **501 GOLDEN ISLES DRIVE, SUITE 201 E**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

954-455-1999

0140496 AV

(201) 450-6363