

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

05-05-2003 91903 016 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000009001

1. Entity Name
GOLSA, INC.



Principal Place of Business
925 HIALEAH DRIVE
HIALEAH, FL 33010

Mailing Address
925 HIALEAH DRIVE
HIALEAH, FL 33010

2. Principal Place of Business

7227 SW 24th ST

Suite, Apt. #, etc.

3. Mailing Address

7227 SW 24th ST

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

Zip

33155

Country

DADE

City & State

MIAMI FL

Zip

33155

Country

DADE

4. FEI Number

65-0389491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEWICHT, LUIS
11269 SW 90TH LANE
MIAMI, FL 33176

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

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 DP
NAME GOLDEWICHT, LUIS ☐ Delete
STREET ADDRESS 11269 SW 90TH LANE
CITY-ST-ZIP MIAMI, FL 33176

TITLE DS
NAME GOLDEWICHT, SUSAN ☐ Delete
STREET ADDRESS 11269 SW 90TH LANE
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (10/02)