

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90069 001 \*\*\*150.00

**DOCUMENT # P93000021988**

1. Entity Name

GOLD ELECTRONICS, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1674 COLLINS AVENUE

3. Mailing Address  
1674 COLLINS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI BEACH, FL

City & State  
MIAMI BEACH, FL

4. FEI Number  
65-0398619

Applied For  
Not Applicable

Zip  
33139

Country

Zip  
33139

Country

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

**7. Name and Address of Current Registered Agent**

Name  
TARICH, MARK

Street Address (P.O. Box Number is Not Acceptable)  
16470 NE 30 AVENUE

City N. MIAMI BEACH FL Zip Code 33160

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TARICH, MARK 16470 NE 30 AVENUE N. MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TARICH, BENNY 2315 BISCAYNE BAY DRIVE N. MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

 **MARK TARICH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 3056728938