

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90276 030 ***150.00

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

DOCUMENT #P93000021988

1. Entity Name
GOLD ELECTRONICS, INC.



Principal Place of Business
**1674 COLLINS AVENUE
MIAMI BEACH, FL**

Mailing Address
**1674 COLLINS AVENUE
MIAMI BEACH, FL**

11032170

2. Principal Place of Business

3. Mailing Address
1670 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami Beach, FL

4. FEI Number
65-0398619

Applied For
☐ Not Applicable

Zip

Country

Zip
33139

Country
USA

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

**TARICH, MARK
16470 NE 30TH AVENUE
N MIAMI BEACH, FL 33160**

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 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's signature required when 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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
TARICH, MARK
16470 NE 30TH AVENUE
N MIAMI BEACH, FL 33160**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
TARICH, BENNY
2315 BISCAYNE BAY DRIVE
N MIAMI, FL 33181**

☐ Delete

TITLE
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☐ Change ☐ Addition

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: **X M**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 3055352250
Date Daytime Phone #

CR2E034 (10/02)