

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033413

1. Entity Name

Golden Land, Inc.

FILED

00 SEP 29 PM 2:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
8420 N.W. 160 St
Okeechobee, Fl 34972
US

Mailing Address
8420 N.W. 160 St.
Okeechobee, Fl 34972
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0409627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Calle, Jenaro
8420 NW 160 St
Okeechobee, Fl 34972

Name
Gaitan, Juan Pablo
Street Address (P.O. Box Number is Not Acceptable)
8420 NW 160 St
Okeechobee, Fl 34972
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.

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CALLE, Jenaro
STREET ADDRESS 8420 N.W. 160 St.
CITY-ST-ZIP Okeechobee, Fl 34972

TITLE ☐ Change ☐ Addition
NAME 300003417999-5
STREET ADDRESS -10/09/00--01011--007
CITY-ST-ZIP *****61.25 *****61.25

TITLE VD ☒ Delete
NAME Trujillo, Juan J.
STREET ADDRESS 8420 N.W. 160 St
CITY-ST-ZIP Okeechobee, Fl 34972

TITLE ☒ Change ☐ Addition
NAME Calle, Ana Maria
STREET ADDRESS 8420 N.W. 160 St.
CITY-ST-ZIP Okeechobee, Fl 34972

TITLE STD ☐ Delete
NAME Calle, Rosa Helena
STREET ADDRESS 8420 N.W. 160 St.
CITY-ST-ZIP Okeechobee, Fl 34972

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

TITLE MD ☐ Delete
NAME Gaitan, Juan Pablo
STREET ADDRESS 8420 N.W. 160 St.
CITY-ST-ZIP Okeechobee, Fl 34972

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 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 #

KE

JUAN P. GAITAN 9/21/00 (863) 467-4444