

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041619

1. Entity Name

GOLDCAPS, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90007 030 ***150.00

Principal Place of Business
50 NW 176 ST
MIAMI FL 33169
US

Mailing Address
4400 BISCAYNE BLVD.
MIAMI FL 33137-3212
US

00014271



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0421431**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILLESPIE, CAROL J
4400 BISCAYNE BOULEVARD5
MIAMI FL 33137

7. Name and Address of New Registered Agent

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HENEIN, RAFICK G	4400 BISCAYNE BOULEVARD	MIAMI FL 33137	<input type="checkbox"/>
DVP	FLANZRAICH, NEIL	4400 BISCAYNE BOULEVARD	MIAMI FL 33137	<input type="checkbox"/>
DS	GILLESPIE, CAROL J	4400 BISCAYNE BOULEVARD	MIAMI FL 33137	<input type="checkbox"/>
VP	BEIER, THOMAS E	4400 BISCAYNE BOULEVARD	MIAMI FL 33137	<input type="checkbox"/>
VP	HANSON, JOHN	4400 BISCAYNE BOULEVARD	MIAMI FL 33137	<input type="checkbox"/>
T	SIEGEL, JORDAN	4400 BISCAYNE BOULEVARD	MIAMI FL 33137	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	Robins, Steward	4400 Biscayne Boulevard	Miami, FL 33137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	Nation, Marianne Hurd	4400 Biscayne Boulevard	Miami, FL 33137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hsiao, Jane Ph.D.	4400 Biscayne Boulevard	Miami, FL 33137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Marianne Hurd Nation **Marianne Hurd Nation** 1-17-00 **305-575-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)