

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90064 033 \*\*\*150.00

**DOCUMENT # P93000043869**

1. Entity Name

**GOLDEN SANDS CONSTRUCTION MANAGEMENT & MAINTENANCE, INC.**

Principal Place of Business

~~1313 NW 36 ST.  
 SUITE 600  
 MIAMI FL 33142  
 US~~

Mailing Address

~~1313 NW 36 ST.  
 SUITE 600  
 MIAMI FL 33142  
 US~~

2. Principal Place of Business

**2500 NW 39 ST**

Suite, Apt. #, etc.

3. Mailing Address

**2500 NW 39 ST**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0419423**

Applied For

Not Applicable

Zip

**33142**

Country

**USA**

Zip

**33142**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~MORANTE, THOMAS F  
 ONE BISCAYNE TOWER, SUITE 3750  
 TWO SOUTH BISCAYNE BLVD.  
 MIAMI FL~~

7. Name and Address of New Registered Agent

Name **PETER FEDELE**

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

**2500 NW 39 ST**

City

**MIAMI**

**FL**

Zip Code

**33142**

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

**3/21/2002**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FEDELE, PETER</b>	
STREET ADDRESS	<b>1313 NW 36 ST., SUITE 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FEDELE, CLAIRE</b>	
STREET ADDRESS	<b>1313 NW 36 ST., SUITE 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>MAGUIRE, MARY</b></del>	
STREET ADDRESS	<del><b>1313 NW 36 ST., SUITE 600</b></del>	
CITY-ST-ZIP	<del><b>MIAMI FL</b></del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FEDELE, JOHN</b>	
STREET ADDRESS	<b>5800 SUNCREST DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**PETER FEDELE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/02**  
 Date

**305-633-3336**  
 Daytime Phone #

CR2E034 (9/01)