

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007297

Entity Name
GOLO ENTERPRISES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90089 018 ***150.00

Principal Place of Business	Mailing Address
SW 16TH ST. FL 33325	9720 PINES BLVD PEMBROKE PINES FL 33024-6228 US

Principal Place of Business	3. Mailing Address
11522 STATE ROAD 84 Suite, Apt. #, etc. 102	Suite, Apt. #, etc.

City & State	City & State
DAVIE FL	
Zip	Country
33325	



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0463534	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
GOLOSIE, PATRICIA 11470 SW 16TH ST DAVIE FL 33325
11522 STATE ROAD 84 #302

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DPT GOLOSIE, PATRICIA 11470 SW 16TH ST. DAVIE FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP 11522 STATE ROAD 84 # 302
DS RUBIN, ALAN H 9720 PINES BLVD. PEMBROKE PINES FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 stated 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:	1/27/00	954-438-4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)