

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90106 024 ***150.00

DOCUMENT # P94000007297

1. Entity Name
GOLO ENTERPRISES, INC.



Principal Place of Business
**11522 STATE ROAD 84
302
DAVIE FL 33325**

Mailing Address
**9720 PINES BLVD
PEMBROKE PINES FL 33024
US**

11010526



2. Principal Place of Business
1802 N UNIVERSITY DR

3. Mailing Address

Suite, Apt. #, etc.
185

Suite, Apt. #, etc.

City & State
PLANTATION, FL

City & State

Zip Country
33322 U S A

Zip Country

4. FEI Number **65-0463534**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLOSKIE, PATRICIA

~~11522 STATE ROAD 84 #302~~ **1802 N UNIVERSITY DR
DAVIE FL 33325 PLANTATION FL 33322 185**

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 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 ☐ Delete
NAME **DPT**
STREET ADDRESS **GOLOSKIE, PATRICIA**
CITY-ST-ZIP **11522 STATE ROAD 84 #302
DAVIE FL 33325**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1802 N UNIVERSITY DRIVE #185**
CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **RUBIN, ALAN H**
CITY-ST-ZIP **9720 PINES BLVD.
PEMBROKE PINES FL 33024**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/03 954-476-8197

Date

Daytime Phone #

CR2E034 (10/02)