

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91470 006 \*\*\*150.00

**DOCUMENT # P94000008797**

**1. Entity Name**  
**GOLDEN GROUP, INC.**

**Principal Place of Business**  
**2450 SOUTHWEST 137TH AVE.**  
**SUITE 221**  
**MIAMI FL 33175**

**Mailing Address**  
**2450 SOUTHWEST 137TH AVE.**  
**SUITE 221**  
**MIAMI FL 33175**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 9192 Coral Way  
 Suite, Apt. #, etc. Suite 201  
 City & State Miami, Florida  
 Zip 33165 Country U.S.

**3. Mailing Address**  
 9192 Coral Way  
 Suite, Apt. #, etc. Suite 201  
 City & State Miami, Florida  
 Zip 33165 Country U.S.

**4. FEI Number** 65-0492513  
**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**CABALLERO, MARCIA, B**  
**2450 S.W. 137TH AVE.**  
**SUITE 221**  
**MIAMI FL 33175**

**7. Name and Address of New Registered Agent**  
 Name Caballero Marcia B  
 Street Address (P.O. Box Number is Not Acceptable) 9192 Coral Way  
 Suite 201  
 City Miami FL Zip Code 33165

**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]  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** 2/21/02

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>VALERA, ALBERTO</b> <b>7950 W. FLAGLER ST., SUITE 103</b> <b>MIAMI FL 33144</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>SOCARRAS, ROQUE</b> <b>7950 W. FLAGLER ST., SUITE 103</b> <b>MIAMI FL 33144</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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 a similar like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] (Pres.) 4/13/02 305 279-2543

CR2E034 (9/01)