

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90339 037 ***150.00

DOCUMENT # P 940000 63602

1. Entity Name

Golden Planet Holdings International, Inc.

DO NOT WRITE IN THIS SPACE

B0053714

2. Principal Place of Business

20533 Biscayne Blvd.

Suite, Apt. #, etc.

#4-235

3. Mailing Address

20533 Biscayne Blvd.

Suite, Apt. #, etc.

#4-235

DO NOT WRITE IN THIS SPACE

City & State

N. Miami Beach, FL.

City & State

N. Miami Beach, FL.

4. FEI Number

65-0605946

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Perlman, Mark P.A.

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

1820 E. Hallandale Beach Blvd.

City Hallandale

FL

Zip Code

33009

**DO NOT WRITE
IN THIS SPACE**

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 re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee for 0450.00

March 1 - April 1 Fee for 00-00.00

May 1 - June 1 Fee for 00-00.00

June 1 - July 1 Fee for 00-00.00

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
DP
LEVIN, MICHAEL
701 BRICKELL AVE. SUITE 2600
MIAMI, FL. 33131

TITLE
NAME
STREET ADDRESS
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The pre printed form
was not sent through
the mail.

**DO NOT WRITE
IN THIS SPACE**

13. I hereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Michael Levin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

305-932-3774

Daytime Phone #

CR2E034B (12/01)