## 2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P94000090916 Feb 19, 2001 8:00 am Secretary of State 1. Entity Name v GOLD CAPITAL SERVICES, INC. 02-19-2001 90265 025 \*\*\*158.75 Mailing Address Principal Place of Business 10620 S.W. 72ND COURT 10620 S.W. 72ND COURT MIAMI FL 33156 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0541984 City & State Not Applicable \$8.75 Additional Zio Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLD, STEVEN S Street Address (P.O. Box Number is Not Acceptable) 10620 S.W. 72ND COURT **MIAMI FL 33156** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or orinted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition Marinan Chairman Change CEO ☐ Delete TITLE TITLE Howard H. Ward GOLD, STEVEN S NAME NAME 10620 SW 72 ct Pineckert, FC 33/56-38/18 STREET ADDRESS 10620 S.W. 72ND COURT STREET ADDRESS CITY-ST-ZIP Pinecrest, FL CITY-ST-ZIP MIAMI FL ed d PO old Steven Shai **D**elete PD TITLE NAME GOLD, BETH E 10620 SW, 72 ct STREET ADDRESS STREET ADDRESS 10620 SW 72ND CT Pinecrest, FC 33156-3818 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 phapter 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1-10-01 305-667-528