

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003469

1. Entity Name

GOLDEN WAY REAL ESTATE INVESTMENT, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90142 027 ***150.00

Principal Place of Business

265 IROQUOIS STREET
MIAMI SPRINGS FL 33166

Mailing Address

265 IROQUOIS STREET
MIAMI SPRINGS FL 33166

2. Principal Place of Business

3. Mailing Address

265 IROQUOIS - ST. 265 IROQUOIS - ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Springs, FL.

City & State

Miami Springs, FL.

Zip

33166

Country

USA

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

OTH, ELFRIEDA
265 IROQUOIS ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

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.

SIGNATURE

Elfriede Oth

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST
NAME OTH, ELFRIEDE
STREET ADDRESS 265 IROQUOIS STREET
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE D
NAME OTH, ELFRIEDE
STREET ADDRESS 265 IROQUOIS STREET
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Elfriede Oth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

Date

305 490 1133

Daytime Phone #

0207613

CR2E034 (10/00)