

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047835

1. Entity Name

GOLDEN IMAGE FLOORING INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90059 023 ***150.00

Principal Place of Business

Mailing Address

~~845 N MILITARY TRAIL~~
~~WEST PALM BEACH FL 33415~~

845 N MILITARY TRAIL
WEST PALM BEACH FL 33415-1317

2. Principal Place of Business

3. Mailing Address

3609 Prospect Ave
Suite, Apt. #, etc.

3609 Prospect Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riviera Bch FL

City & State

Riviera Bch FL

4. FEI Number

65-0586410

Applied For

Not Applicable

Zip
33404

Country
US

Zip
33404

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAACSON, CHAD
3868 43RD DRIVE
LAKE WORTH FL 33461

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ISAACSON, CHAD	
STREET ADDRESS	3868 43RD DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33461	
TITLE	STV	<input type="checkbox"/> Delete
NAME	GOLDEN, RANDY	
STREET ADDRESS	146 KINGS WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)