

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90042 049 ***150.00

DOCUMENT # P95000060830

1. Entity Name

FLORIDA GOLDEN ENTERPRISES, INC.

Principal Place of Business

**2000 BANKS ROAD. #2016
MARGATE FL 33063**

Mailing Address

**2000 BANKS ROAD. #2016
MARGATE FL 33063**

2. Principal Place of Business

2000 BANKS ROAD #2016

Suite, Apt. #, etc.

210

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

Zip

33063

Country

(BROWARD)

Country

4. FEI Number

59-3332752

Applied For

Not Applicable

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

BADGAMIA, PRAVEEN

**2000 BANKS ROAD, #2016
MARGATE FL 33063**

Name

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

2000 BANKS ROAD, # 210

City

MARGATE

FL

Zip Code

33063

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

*** Praveen Badgambia**

1/24/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BADGAMIA, PRAVEEN | |
| STREET ADDRESS | 2000 BANKS ROAD, #2016 210 | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| 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:

*** Praveen Badgambia**

1/24/01

(954) 978 0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)