

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90085 005 ***150.00

DOCUMENT # **p95000084173**

1. Entity Name

GOLD DEPOT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801-N CONGRESS AVE

Suite, Apt. #, etc. **#985**

City & State **BOYNTON BEACH-FL**

Zip **33426**

Country **US**

3. Mailing Address

801-N CONGRESS AVE.

Suite, Apt. #, etc. **#985**

City & State **BOYNTON BEACH-FL**

Zip **33426**

Country **US**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0616617

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **HASNAIN RAZA**

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

801-N CONGRESS AVE #985

City **BOYNTON BEACH**

FL

Zip Code

33426

**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

Hasnain Raza

HASNAIN RAZA

MAY 15 02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PR**
NAME **HASNAIN RAZA**
STREET ADDRESS **801-N CONGRESS AVE #985**
CITY-ST-ZIP **BOYNTON BEACH-FL 33426**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hasnain Raza

HASNAIN RAZA

MAY 15 02

561-737-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)