

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034212

1. Entity Name
GOLDFILLED STAR CO.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90064 039 ***158.75

Principal Place of Business
169 E FLAGLER ST
#1620
MIAMI FL 33131
US

Mailing Address
169 E FLAGLER ST
#1620
MIAMI FL 33131
US

2. Principal Place of Business
27-26 SW 131 PLACE
Suite, Apt. #, etc.

3. Mailing Address
2726 SW 131 PLACE
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA
Zip
33175
Country
DADE

City & State
MIAMI - FLORIDA
Zip
33175
Country
DADE

4. FEI Number 65-0667343

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CODORNIU, WILLIAM
169 E FLAGLER ST
#1620
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name WILLIAM CODORNIU
Street Address (P.O. Box Number is Not Acceptable)
2726 SW 131 PLACE
City MIAMI FL Zip Code 33175

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	POSADAS, JUAN MORAL	169 E FLAGLER ST #1620	MIAMI FL	<input type="checkbox"/>
MD	CODORNIU, WILLIAM	169 E FLAGLER ST #1620	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001 305 227-4872
Date Daytime Phone #

CR2E034 (10/00)