

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081169

1. Entity Name

GOLDEN SUNSET, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90105 028 ***150.00

Principal Place of Business

4367 N FEDERAL HWY
FT LAUDERDALE FL 33308

Mailing Address

4367 N FEDERAL HWY
FT LAUDERDALE FL 33308-5213

2. Principal Place of Business

3. Mailing Address

103 Kuhn Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Syracuse, NY

4. FEI Number

65-0712085

Applied For

Not Applicable

Zip

Country

Zip

Country

13208

usa

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

COLE, DONALD E
4367 N FEDERAL HWY
FT LAUDERDALE FL 33308

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	COLE, DONALD E	103 KUHN RD SYRACUSE NY 13208	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	LEIBY, GINA	3706 N OCEAN BLVD, SUITE 401 FT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E. Cole
President

03/09/2000 (315)455-7468

Date

Daytime Phone #

CR2E034 (9/99)