

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 021 ***150.00

DOCUMENT # P97000036997

1. Entity Name
GOLAN PROPERTY MANAGEMENT, INC.



Principal Place of Business
**420 EATON ST.
KEY WEST FL 33040**

Mailing Address
**420 EATON ST.
KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

LUANI PLAZA
Suite, Apt. #, etc.
1454 KENNEDY DR
City & State
KEY WEST USA

LUANI PLAZA
Suite, Apt. #, etc.
1454 KENNEDY DR
City & State
KEY WEST USA

Zip
33040 Country
USA

Zip
33040 Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0755339**

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

GOLAN, KEITH
420 EATON ST
KEY WEST FL 33040

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Keith Golan*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GOLAN, KEITH	1500 ATLANTIC BLVD #409	KEY WEST FL 33040	<input type="checkbox"/>
D	GOLAN, RALPH	7020 18TH NE	SEATTLE WA 98115	<input type="checkbox"/>
D	GOLAN, MARIANNE	651 W KILKEA DR	LOS ANGELES CA 90048	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Keith Golan*
Signature and typed or printed name of signing officer or director

4/28/03
Date

(305) 294-7474
Daytime Phone #

0177981 AV

CR2E034 (10/02)