FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State P97000042054 DOCUMENT # 1. Entity Name GOLDEN GLADES ACQUISITION CORP. 4-23-2002 90386 019 ***150 00 Principal Place of Business Mailing Address P.O. BOX 419002 P.O. BOX 419002 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address 1250 E. Hallandale Beach Blvd 1250 E. Hallandale Beach Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 300 Suite 300 City & State 4. FEI Number Applied For 65-0762579 Hallandale Florida Hallandale Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33009 US Fee Required 33009 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Blanche Launer LUBIN, SETH D Street Address (P.O. Box Number is Not Acceptable) 6917 COLLINS AVE. 1250 E. Hallandale Beach Blvd. MIAMI BEACH FL 33141 Suite 300 City Zip Code Hallandale 33009 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE President/Director/Chairman * Change COLVIN, MELVIN NAME NAME 1250 E. Hallandale Beach Blvd. Suite 300 P.O. BOX 419002 N/A STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP Hallanadale, Florida 33009 TITLE Delete TITI F ▲ Change Treasurer/Secretary LAUNER, BLANCHE NAME NAME 6917 COLLINS AVE 1250 E. Hallandale Beach Blvd. Suite 300 STREET ADDRESS STREET ADDRESS MIAMI BCH FL 33141 CITY-ST-ZIP CITY-ST-7IP Hallandale, Florida 33009 TITLE CFO/ AT ☐ Delete TITLE ☐ Change Addition NAME McGann, Edward T. NAME STREET ADDRESS STREET ADDRESS 1250 E. Hallandale Beach Blvd. Suite 300 CITY-ST-ZIP CITY-ST-ZIP <u> Hallandale, Florida 33009</u> TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition