## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am Secretary of State DOCUMENT # P97000046470 1. Entity Name 03-28-2002 90034 040 \*\*\*150.00 GOLD TEAM PRODUCTIONS, INC. Mailing Address Principal Place of Business 10032 NW 52 TERRACE 10032 NW 52 TERRACE **MIAMI FL 33178** MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 10032 NW 52 FMOG 10032NW STEMDO Suite, Apt. #, etc. --Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE miam: fl miomi 4 City & State Applied For City & State 4. FEI Number 65-0770719 Not Applicable 7ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent parapis-LUIS A DONADIO Street Address (P.O. Box Number is Not Acceptable) anusaterias 10032 NW 52ND TERR **MIAMI FL 33178** Zip Code 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Change ☐ Addition TITLE ☐ Delete NAME DONADIO, LUIS ANGEL NAME STREET ADDRESS 10032 NW 52 TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change > ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Time ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND YE

FILED

Daytime Phone #