

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062092

1. Entity Name

GOLDEN IMAGE, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90477 030 \*\*\*150.00

**C0100594**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
11762 N. Kendall Drive 11762 N. Kendall Drive  
SUITE 108 SUITE 108  
MIAMI, FL 11762 MIAMI, FL 11762

2. Principal Place of Business 3. Mailing Address  
142ND E. 1st AVENUE 142ND E. 1st AVENUE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
#812 #812  
City & State City & State  
MIAMI, FL 33132 MIAMI, FL 33132  
Zip Country Zip Country

4. FEI Number Applied For  
65-0804985 Not Applicable

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

6. Name and Address of Current Registered Agent

GROSSMAN, ALAN  
1940 Harrison Street  
Suite 300  
Hollywood, Fl 33020

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MENDEZ, ALAN	
STREET ADDRESS	11259 SW 99th Street, H-14	
CITY-ST-ZIP	Miami, Fl 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDEZ, YARMI	
STREET ADDRESS	11259 SW 99th Street, H-14	
CITY-ST-ZIP	Miami, Fl 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Mendez  
President

04-25-00

Date

305-372-0766

Daytime Phone #

CR2E034 (9/99)