

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093030

1. Entity Name

NOVEDADES GOLAN INC.

FILED

Jul 13, 2000 8:00 am  
Secretary of State

07-13-2000 90013 041 \*\*\*150.00

Principal Place of Business

9625 S.W. 24TH STREET

#C114

MIAMI FL 33165

Mailing Address

9625 S.W. 24TH STREET

#C114

MIAMI FL 33165

2. Principal Place of Business

NONE AT PRESENT TIME

3. Mailing Address

9336 S.W. 144 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL 33186

Zip

Country

Zip

Country

USA

4. FEI Number

65-0791304

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, PATRICIA

9625 S.W. 24TH STREET

#C114

MIAMI FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

9336 S.W. 144 COURT

City

MIAMI FL

FL

Zip Code

33186

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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  
PD  
GOLAN, RAFAEL  
9625 S.W. 24TH STREET #C114  
MIAMI FL 33165 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9336 S.W. 144 CT  
MIAMI, FL 33186 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
GOLAN, PATRICIA  
9625 S.W. 24TH STREET #C114  
MIAMI FL 33165 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9336 S.W. 144 CT  
MIAMI, FL 33186 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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  
S. GOLAN, President 7/5/00

Date

Daytime Phone #

305-388-2925

JULY 2, 2000

Katherine Harris  
Secretary of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl. 32314

Dear Ms Harris:

I just received today the 2,000 Uniform Business Report which indicates is due by Sept. 13, 2000. I never received any report prior to this one and according to this form I have to pay \$550.00 instead of the \$150.00.

My business was temporarily closed in December 1999 and will not reopen until probably the beginning of September and because of this I have not been in contact with our accountant which would have warned me about this deadline.

Please I beg you to accept my report for the \$150.00 fee. This is the first time we are late.  
Thanking you for your kind consideration,

Sincerely,



Rafael Golan, Pres.  
Novedades Golan Inc.  
9336 S.W. 144 Court  
Miami, Fl. 33186

**Please note change in address**