2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P97000096239

1. Entity Name

GOLD STANDARD FINANCIAL CORP.

Principal Place of Business	Mailing Address
20535 NW 2ND AVE	20535 NW 2ND AVE
#203	#203
MIAMI FL 33169	MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **65-0793640** / Applied For / Not Applicable
Zip	Country	Zip	Country	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
HOLLANDER, BRUCE L ESQ 901 SOUTH STATE ROAD 7, PENTHOUSE C HOLLYWOOD FL 33023	Name _David C. Gold_ Street Address (P.O. Box Number is Not Acceptable) _20535 N.W. 2nd avenue_ _Suite 203_ City _Miami_ FL Zip code _33169_

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]_   DATE _1|29|02_

Signature, type or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

| 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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **DP** NAME **SHANKLIN, LINDA J** STREET ADDRESS **20535 NW 2ND AVE STE 203** CITY-ST-ZIP **MIAMI FL 33169**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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]_ Linda Shanklin _1-27-2002_ 305 651-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #