

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91007 050 ***163.75

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DOCUMENT # P98000031719

1. Entity Name
GOLDEN GATE DOOR SYSTEM, INC.



Principal Place of Business
**123 B MUSTANG WAY
MERRITT ISLAND FL 32953**

Mailing Address
**345 QUAIL DR
MERRITT ISLAND FL 32953**

2. Principal Place of Business

123 B Mustang Way
Suite, Apt. #, etc.

3. Mailing Address

120 Island Beach Blvd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Merritt Island

City & State

Merritt Island FL

4. FEI Number

59-3512626

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

32953

Country

Brevard

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

6. Name and Address of Current Registered Agent

**QUADER, ANAN J
345 QUAIL DR
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name **Anan J Quader**

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

123 B Mustang Way

City **Merritt Island FL**

Zip Code **32953**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.27.03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **QUADER, MAYADA**
STREET ADDRESS **5620 N. BANANA RIVER BLVD. #3**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **D** ☒ Delete
NAME **QUADER, ANAN**
STREET ADDRESS **5620 N. BANANA RIVER BLVD. #3**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D-F** ☒ Change ☐ Addition
NAME **Anan Quader**
STREET ADDRESS **120 Island Beach Blvd**
CITY-ST-ZIP **Merritt Island FL 32952**

TITLE **D** ☒ Change ☐ Addition
NAME **Zeid Abodallo**
STREET ADDRESS **123 B Mustang Way**
CITY-ST-ZIP **Merritt Island FL 32953**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anan Quader 4.28.03 321.4194071

Date

Daytime Phone #

CR2E034 (10/02)