

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90044 047 ***150.00

DOCUMENT # P98000040190

1. Entity Name
GOLD PLACE, INC.

Principal Place of Business
**917 N.W. 107TH AVENUE
 PEMBROKE PINES FL 33026**

Mailing Address
**917 N.W. 107TH AVENUE
 PEMBROKE PINES FL 33026-4003**



DO NOT WRITE IN THIS SPACE

→ **58-2389695**
 FEI Number **APPLIED FOR**
 Applied For
 Not Applicable

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

3. Mailing Address
C/O EDWARD WIENER
 Suite, Apt. #, etc.
4310 Sheridan St. #202
 City & State
Hollywood FL
 Zip
33021
 Country
USA

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

6. Name and Address of Current Registered Agent

**VEREBAY, LAYNE
 190 N.E. 199TH STREET
 SUITE 204
 NORTH MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **ETTY BENDAHAN**
 Street Address (P.O. Box Number is Not Acceptable)
910 EDWARD WIENER
4310 Sheridan St. #202
 City **Hollywood** **FL** Zip Code **33021**

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 **Etty Bendahan**
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVSD			
	BENDAHAN, ETTY			
	917 N.W. 107TH AVENUE			
	PEMBROKE PINES FL 33026			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Etty Bendahan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

954-961-1040

CH 014 (9/99)