2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P98000040190 1. Entity Name GOLD PLACE, INC. 05-14-2001 90037 029 ***150.00 Principal Place of Business Mailing Address 917 N.W. 107TH AVENUE C/O EDWARD WIENER PEMBROKE PINES FL 33026 4310 SHERIDAN ST #202 103122 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 4310 SHERIDAN ST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 202 City & State City & State 4. FEI Number Applied For 58-2389695 Hou O DOW Y Not Applicable Country Zip Country \$8.75 Additional П Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENDAHAN, ETTY Street Address (P.O. Box Number is Not Acceptable) C/O EDWARD WIENER 4310 SHERIDAN ST. #202 HOLLYWOOD FL 33021 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change **PVSD** ☐ Delete TITLE TITLE NAME MAME BENDAHAN, ETTY STREET ADDRESS STREET ADDRESS 917 N.W. 107TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP