

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042340

1. Entity Name

GOLDEN DREAM INVESTMENT INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90121 030 ***150.00

Principal Place of Business

3430 S.W. 127TH AVE
 MIAMI FL 33175

Mailing Address

3430 S.W. 127TH AVE
 MIAMI FL 33175-2712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0838295

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

PARRA, ARMANDO JR
 5801 SW 74TH TERRACE
 #12
 MIAMI FL 33143

Name

MARIA L. SANCHEZ

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

3430 SW 127 Ave

City

MIAMI

FL

Zip Code

33175

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.

MARIA L. SANCHEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
 NAME SANCHEZ, MARIA L
 STREET ADDRESS 3430 S.W. 127TH AVE
 CITY-ST-ZIP MIAMI FL 33175

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

TITLE TD ☐ Delete
 NAME PARRA, ARMANDO JR.
 STREET ADDRESS 5801 S.W. 74TH TERRACE #12
 CITY-ST-ZIP MIAMI FL 33143

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

Daytime Phone #

CR2E034 (9/99)