

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000042340**

1. Entity Name

GOLDEN DREAM INVESTMENT INC.

Principal Place of Business

**3430 S.W. 127TH AVE
MIAMI FL 33175**

Mailing Address

**3430 S.W. 127TH AVE
MIAMI FL 33175**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 990758

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34116

Country

U.S.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90004 010 ***158.75

004291

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0838295

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, MARIA L
3430 SW 127TH AVENUE
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SANCHEZ, MARIA L	
STREET ADDRESS	3430 S.W. 127TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PARRA, ARMANDO JR.	
STREET ADDRESS	5801 S.W. 74TH TERRACE #12	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARIA L	
STREET ADDRESS	3430 S.W. 127 AVE	
CITY-ST-ZIP	MIAMI, FL 33175	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONIA MEDINA	
STREET ADDRESS	3430 SW 127 AVE	
CITY-ST-ZIP	MIAMI, FL 33175	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Sanchez
President

1/9/2001

Date

(941) 352-1034

Daytime Phone #

0019482

CR2E034 (10/00)