FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am P98000049089 --- DEPOSIT ONLY DOCUMENT # **Secretary of State** 1. Entity Name 02-17-2002 90021 004 \*\*\*150.00 GOLDING & TICA MACHINE, INC. Principal Place of Business Mailing Address 1260 NW 56 AVE 1260 NW 56 AVE 80025998 LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address 7/9 NW 38 AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0838365 AUDERHILL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDING, VICTOR Street Address (P.O. Box Number is Not Acceptable) 1260 N.W. 56TH AVENUE LAUDERHILL FL 33313 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, 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, 2002 Fee will be \$550.00 П Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete CR2E034 (9/01 NAME GOLDING, VICTOR NAME 1719 NW 38 AVE STREET ADDRESS STREET ADDRESS 1260 N.W. 56TH AVENUE AUDERHILL ,FL 333/ CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 TITLE-☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNI