

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90236 032 \*\*\*150.00

DOCUMENT # P98000062799

1. Entity Name  
**GOLD SIGNS, INC.**



Principal Place of Business  
**353 N.E 79 STREET  
MIAMI FL 33138**

Mailing Address  
**P.O.BOX 970707  
MIAMI FL 33197-0707**

2. Principal Place of Business  
**8047 N.W. 64 STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 970707**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

Zip  
**33166**

Country  
**DADE/USA**

Zip  
**33197**

Country  
**USA**

4. FEI Number **65-0850269**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SAGOT, MARITZA  
19623 S.W 87TH COURT  
MIAMI FL 33157**

## 7. Name and Address of New Registered Agent

Name **MARITZA SAGOT**  
Street Address (P.O. Box Number is Not Acceptable)  
**8047 N.W. 64 STREET  
MIAMI, FLORIDA 33166**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Manuel Sagot**  
Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/11/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>SAGOT, MARITZA</b>	
STREET ADDRESS <b>P.O.BOX 970707</b>	
CITY-ST-ZIP <b>MIAMI FL 33197</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>SAGOT, MANUEL</b>	
STREET ADDRESS <b>P.O.BOX 970707</b>	
CITY-ST-ZIP <b>MIAMI FL 33197</b>	
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	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>TREAS.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ALEXANDER SAGOT</b>	
STREET ADDRESS <b>8047 N.W. 64 STREET</b>	
CITY-ST-ZIP <b>MIAMI, FLORIDA 33166</b>	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MANUEL SAGOT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/11/03**

Daytime Phone #

CR2E034 (10/02)