

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069219

1. Entity Name

GOLDEN AGE OF MIAMI, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90066 015 ***158.75

Principal Place of Business

8035 SW 13 ST
MIAMI FL 33144
US

Mailing Address

8035 SW 13 ST
MIAMI FL 33144-4333
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0855381

Applied For

Not Applicable

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

NEZVADOVITZ, DAVID
8035 SW 13 ST
MIAMI FL 33144

Name

ENRIQUE NEZVADOVITZ

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

271 NW 60th Ave

City

MIAMI

FL

Zip Code

33126

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, 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 PV
NAME NEZVADOVITZ, DAVID
STREET ADDRESS 5769 NW 7TH ST, STE 216
CITY-ST-ZIP MIAMI FL 33126 ☒ Delete

TITLE PP
NAME NEZVADOVITZ, ENRIQUE
STREET ADDRESS 271 NW 60th Ave
CITY-ST-ZIP MIAMI FL 33126 ☐ Change ☒ Addition

TITLE PV
NAME HERNANDEZ, EDUARDO
STREET ADDRESS 271 NW 60TH AVE
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (9/99)