5/10/2002-90055

**FILED**
**Jul 16, 2002 8:00 am**
**Secretary of State**
05-10-2002 90055 037 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069274

1. Entity Name

GOLD LION INVESTMENTS

38836

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7270 NW 12 ST | SAME |
| Suite, Apt. #, etc. ST 205 | Suite, Apt. #, etc. |
| City & State MIAMI FL | City & State |
| Zip 33126 Country | Zip Country |

4. FEI Number 65-0858545 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARIAZELL H. ARIAS

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

1108 NW PEMBROKE PINES

City PEMBROKE PINES FL Zip Code 33029

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 ARMANDO ARIAS
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

| | |
|---|---|
| TITLE | President |
| NAME | Armando Arias |
| STREET ADDRESS | 1108 NW 180th Ave |
| CITY-ST-ZIP | Pembroke Pines, FL 33029 |
| TITLE | Vice- President |
| NAME | Mariazell Arias |
| STREET ADDRESS | 1108 NW 180th Ave |
| CITY-ST-ZIP | Pembroke Pines, FL 33029 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE: [signature] 4/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED
JUL 11 2002
BY: _____