2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90050 044 ***150.00

DOCUMENT # 98000081741 P98000081741

1. Entity Name GOLDEN SHORES DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1205 Windward Ct.	1205 Windward Ct.
Punta Gorda, FL 33950	PuntaGorda, FL 33950

2. Principal Place of Business	3. Mailing Address
430 Ansin Blvd. Bay	430 Ansin Blvd. Bay
Suite, Apt # etc. K - L	Suite, Apt. # etc. K - L
City & State Hallandale, FL	City & State Hallandale, FL
Zip 33009 Country Broward	Zip 33009 Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0870309 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

VINCENZO ANZELLINI
1205 Windward Court
Punta Gorda, FL 33950

7. Name and Address of New Registered Agent

Name MICHELE DI GIOVANNI
Street Address (P.O. Box Number is Not Acceptable) 430 Ansin Blvd. Bay
K - L
City Hallandale FL Zip Code 33009

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] MICHELE DI GIOVANNI April ,2000
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T/D Vincenzo Anzellini 1205 Windward Court Punta Gorda, FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Michele DiGiovanni Av. Paseo Colon, Edif. Polar, Torre Oeste, Piso 16, Plaza Venezuela Caracas, Venezuela	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T/D Michele Di Giovanni 430 Ansin Blvd. Bay K - L Hallandale, FL 33009	☒ Change ☐ Addition
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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] MICHELE DI GIOVANNI, President April ,2000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

000 UNIFORM BUSINESS REPORT (UBR)

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#980000081741

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City & State Hallandale, FL	City & State Hallandale, FL
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Name: MICHELE DI GIOVANNI
Street Address (P.O. Box Number is Not Acceptable): 430 Ansin Blvd. Bay
K - L
City: Hallandale FL Zip Code: 33009

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: MICHELE DI GIOVANNI April ,2000
(Signature of one of the officers listed as current registered agent or of the new registered agent) (NOTE: Registered agent signature required when changing) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NUMBER FOR 30 DAYS
Must Be Typed or Printed

10. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: MICHELE DI GIOVANNI, President April ,2000
(Signature and Typed or Printed Name of Individual) Date

FILED
00 APR 27 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA