2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 17, 2001 8:00 am
Secretary of State
04-26-2001 90041 016 ***150.00

DOCUMENT # P98000081741

1. Entity Name
GOLDEN SHORES DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1205 WINDWARD CT. PUNTA GORDA FL 33950	1205 WINDWARD CT. PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
430 ANSIN BLVD. BAY K	430 ANSIN BLVD. BAY K
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HALLANDALE - FLORIDA	City & State: HALLANDALE FLORIDA
Zip: 33009 Country: USA	Zip: 33009 Country: USA

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	7. Name and Address of New Registered Agent
ANZELLINI, VINCENZO 1205 WINDWARD CT. PUNTA GORDA FL 33950	Name: MARIA LANDI Street Address (P.O. Box Number is Not Acceptable): 1251 S.W. 178 WAY 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: [signature] Maria Landi 5/7/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANZELLINI, VINCENZO 1205 WINDWARD CT. PUNTA GORDA FL 33950	☒ Delete	S/T MARIA LANDI 1251 S.W. 178 WAY PEMBROKE PINES, FL 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIOVANNI, MICHELE D EDIF. POLAR, TORRE OESTE, PISO 16, PLAZA VENEZUELA CARACAS, VENEZUELA	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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] 4/17/01 (954)458-6585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #