

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083268

1. Entity Name

THE GOLDEN GECKO, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90074 003 ***150.00

Principal Place of Business

7856 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068

Mailing Address

7856 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33068-3228

2. Principal Place of Business

91 LAKE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

91 LAKE DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DEBARY, FL.

Zip Country
32713 VOUGIA

City & State
DEBARY, FL 32713

Zip Country
32713 VOUGIA

4. FEI Number 65-0866947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, ROBERT D ESQ
1489 W. PALMETTO PARK RD.,STE.440
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

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

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRARA, DENICE	
STREET ADDRESS	7856 KIMBERLY BLVD.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)