

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083268

1. Entity Name

THE GOLDEN GECKO, INC.

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.

City & State

DEBARY, FL.

Zip

30713

Country

VOUSIA

City & State

DEBARY, FL 32713

Zip

30713

Country

VOUSIA

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

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
NAME FERRARA, DENICE
STREET ADDRESS 7856 KIMBERLY BLVD.
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

Delete

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

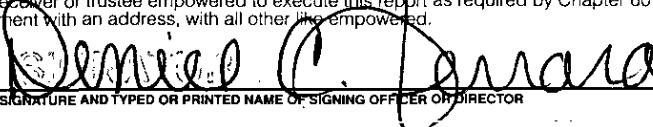
Delete

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.


Denice C. Ferrara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)