

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90655 023 ***158.75

DOCUMENT # P98000087271

1. Entity Name

GOLDMINE PROPERTIES, INC.



Principal Place of Business
12490 NE 7TH AVE., STE 215
N MIAMI FL 33101

Mailing Address
PO BOX 610141
NORTH MIAMI FL 33261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0870501**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST. PRIX, SHAWN
1029 NE 104 ST
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name **ST. PRIX, SHAWN**

Street Address (P.O. Box Number is Not Acceptable)
12490 NE 7th AVE STE 215

City **N. MIAMI**

FL **33161**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**
NAME **JENKINS, SARA JANE** ☐ Delete
STREET ADDRESS **1029 NE 104 ST**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **PSD** ☒ Change ☐ Addition
NAME **JENKINS, SARA-JANE**
STREET ADDRESS **12490 NE 7th AVE, STE 215**
CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE **VTD** ☐ Delete
NAME **ST. PRIX, SHAWN**
STREET ADDRESS **1029 NE 104 ST**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **VTD** ☒ Change ☐ Addition
NAME **ST. PRIX, SHAWN**
STREET ADDRESS **12490 NE 7th AVE, STE 215**
CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRES SHAWN ST. PRIX 3/6/03 (305) 981 0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)