

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90193 028 ***150.00

DOCUMENT # P98000094613

1. Entity Name
GOLDEN CHYLD COMMUNICATIONS, INC.

Principal Place of Business
8644 S. SUTTON DRIVE
MARIMAR FL 33025

Mailing Address
P O BOX 69-3471
MIAMI FL 33269

2. Principal Place of Business

3. Mailing Address

PO BOX 69-5035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip
33269

Country

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

SCHNITZER, GERALD S
2455 E. SUNRISE BLVD.
SUITE 502
FT LAUDERDALE FL 33025

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

4/30/02

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, 2002 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 **C** ☐ Delete
 NAME **GEORGE, GIBRE**
 STREET ADDRESS **8644 S. SUTTON DRIVE**
 CITY-ST-ZIP **MARIMAR FL 33025**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **JOHNSON, EZEMWA**
 STREET ADDRESS **19015 N.W. 8TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

(305) 770-2600
 Daytime Phone #

CP2E034 (9/01)