

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90084 005 \*\*\*150.00

**DOCUMENT # P98000100987**

1. Entity Name

**GOLDPORT CORPORATION**

Principal Place of Business

Mailing Address

20233 N.E. 19TH PLACE  
 FL 33179

20233 N.E. 19TH PLACE  
 MIAMI FL 33179-1651

2. Principal Place of Business

20233 NE 19th PLCE  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 143501  
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

CORAL GABLES, FL

Zip

33179

Country

USA

Zip

33114-3501

Country

USA

4. FEI Number

65-0879841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, LORI**  
**20233 N.E. 19TH PLACE**  
**MIAMI FL 33179**

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          | PD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | GOLDSTEIN, LORI       |  |
| STREET ADDRESS | 20233 N.E. 19TH PLACE |  |
| CITY-ST-ZIP    | MIAMI FL 33179        |  |
| TITLE          | STD                   | <input type="checkbox"/> Delete            |
| NAME           | ALVARADO, JUAN C      |  |
| STREET ADDRESS | 17 MINORCA AVE., #36  |  |
| CITY-ST-ZIP    | CORAL GABLES FL 33134 |  |
| 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          | PSTD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ALVARADO, JUAN C       |  |
| STREET ADDRESS | 17 MINORCA AVE #36     |  |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134 |  |
| 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            |
| 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:

*Juan C Alvarado*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00  
 Date

305-446-4367  
 Daytime Phone #