## Page 10+2 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000014332** 1. Entity Name 00 JUL 19 PM 4: 35 GOLD CITY INC. SEGRETARY OF STATE TALLEARING SEE, FLORIDA Principal Place of Business Mailing Address 3209 WHITE DOVE LANE 3209 WHITE DOVE LANE KISSIMMEE FL 34746-4646 FL 34746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUTTER, BERNARD R Street Address (P.O. Box Number is Not Acceptable) 3036 BIG SKY BLVD KISSIMMEE FL 34741 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 1.7. DP Change Addition ☐ Delete TITLE Tist\_E HAME DHANANI, KABIRUDDIN NAME 3209 WHITE DOVE LANE STREET ADDRESS STRÈET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 Change Addition TITLE ☐ Delete TITLE 500003349925---08/08/00--01094--003 NAME NAME STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered changed, or on an attachment with an address

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