

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90177 048 \*\*\*150.00

**DOCUMENT # P99000059872**

**1. Entity Name**  
**GOLDEN KEY PLAZA, INC.**

<b>Principal Place of Business</b> 801 S FEDERAL HWY DANIA FL 33004	<b>Mailing Address</b> 100 GOLDEN ISLES DR. #815 HALLANDALE FL 33009
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 65-0930459	Applied For
	Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> SHUTOV SUTOV, LEONID 100 GOLDEN ISLES DR #815 HALLANDALE FL 33009	<b>7. Name and Address of New Registered Agent</b> Name: Shutor, Leonid Street Address (P.O. Box Number is Not Acceptable): 100 Golden Isles Drive # 815 City: Hallandale FL Zip Code: 33009
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**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: Leonid Shutor DATE: 1/10/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHUTOV, LEONID 100 GOLDEN ISLES DR #815 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHUTOV, ITTA 100 GOLDEN ISLES DR #815 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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: Leonid Shutor DATE: 1/10/02 DAYTIME PHONE: 954-456-5932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)