

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/8/1

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90178 011 \*\*\*150.00

**DOCUMENT # P99000063447**

1. Entity Name

**GOLDEN SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

**8124 HARDING AVENUE  
MIAMI BEACH FL 33141**

**8124 HARDING AVENUE  
MIAMI BEACH FL 33141-1661**

2. Principal Place of Business

**8124 Harding ave**

Suite, Apt. #, etc.

**# 6**

City & State

**Miami Beach FL**

Zip

**33141**

Country

**USA**

3. Mailing Address

**8124 Harding ave**

Suite, Apt. #, etc.

**# 6**

City & State

**Miami Beach FL**

Zip

**33141**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0936813**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, MIGUEL**

**8124 HARDING AVENUE # 6  
MIAMI BEACH FL 33141**

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	<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	
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	<b>Golden Solutions Inc</b>
STREET ADDRESS	<b>Miguel Martinez</b>
CITY-ST-ZIP	<b>8124 Harding Ave # 6 Miami Beach FL 33141</b>
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	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-868-2341**

CR2E034 (9/99)