

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067285

1. Entity Name

GOLDEN OF AMERICA, INC.

Principal Place of Business

12717 W. SUNRISE BLVD.
SUNRISE FL 33323-0907

Mailing Address

12717 W. SUNRISE BLVD.
SUNRISE FL 33323-0902

2. Principal Place of Business

12717 W. SUNRISE BLVD.

3. Mailing Address

12717 W. SUNRISE BLVD.

Suite, Apt. #, etc.

SUITE 235

Suite, Apt. #, etc.

SUITE 235

City & State

SUNRISE - FL

City & State

SUNRISE - FL

Zip

33323

Country

VS

Zip

33323

Country

VS

4. FEI Number

65-0937304

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

APARECIDA AZEVEDO, MARIA A
10773 CLEARY BLVD., #209
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

MARIA APARECIDA AZEVEDO

Street Address (P.O. Box Number is Not Acceptable)

12717 W. SUNRISE BLVD.

SUITE 235

City

SUNRISE

FL

Zip Code

33323

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.

MARIA AZEVEDO

(NOTE: Registered Agent signature required when reinstating)

03/10/00

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	D	<input type="checkbox"/> Delete
NAME	APARECIDA AZEVEDO, MARIA	
STREET ADDRESS	10773 CLEARY BLVD., #209	
CITY-ST-ZIP	PLANTATION FL 33324	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APARECIDA AZEVEDO, MARIA	
STREET ADDRESS	12717 W. SUNRISE BLVD. - SUITE 235	
CITY-ST-ZIP	SUNRISE - FL 33323	
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA AZEVEDO 03/10/00 (954) 382-9249

Date

Daytime Phone #

A0030861



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)