FILED
Apr 08, 2003 8:00 am
Secretary of State
04-08-2003 90097 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098069

90077359

1. Entity Name
GOLD MINE INC.

Principal Place of Business	Mailing Address
18129 S.W. 3RD ST. PEMBROKEPINES, FL 33029	1337 NE 163RD ST MIAMI, FL 33162

2. Principal Place of Business	3. Mailing Address
1675 W 49th ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL	City & State
Zip: 33012 Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0960020 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATTAWALA, NOORALLAH S 18129 S.W. 3RD ST. PEMBROKEPINES, FL 33029	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: ATTAWALA, NOORALLAH S STREET ADDRESS: 18129 S.W. 3RD ST. CITY-ST-ZIP: PEMBROKE PINES, FL 33029	☐ Delete	TITLE: D NAME: ATTAWALA NOORALLAH S STREET ADDRESS: 1995 SW 166 AVE CITY-ST-ZIP: MIRAMAR FL 33027	☑ Change ☐ Addition
TITLE: D NAME: ATTAWALA, KABIRUDIN S STREET ADDRESS: 18129 S.W. 3RD ST. CITY-ST-ZIP: PEMBROKE PINES, FL 33029	☒ Delete	TITLE: D NAME: ATTAWALLA ZAHIDA STREET ADDRESS: 1995 SW 166 AVE CITY-ST-ZIP: MIRAMAR FL 33027	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Noorallah 4-7-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #