

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102332

1. Entity Name
GOLDEN LANE, CORP.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90170 025 ***150.00

Principal Place of Business
G/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156

Mailing Address
G/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1759 N.E 153rd ST

3. Mailing Address
1759 NE 153rd ST

City & State
N. MIAMI FL

City & State
N MIAMI FL

Zip
33162

Country
USA

Zip
33162

Country
USA

4. FEI Number 65-0966195

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

ROTH, LEONARDO A
9350 SOUTH DIXIE HWY, PR 2
MIAMI FL 33156

Name
BERESTAN, RUBEN

Street Address (P.O. Box Number is Not Acceptable)
1959 NE 153RD ST.

City
N. MIAMI BEACH FL

Zip Code
33160

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 DATE

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

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS BERESTAN, RUBEN 1959 NE 153RD STREET N. MIAMI BEACH FL 33160 <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 BERESTAN, RUBEN 1959 NE 153RD STREET N. MIAMI BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (10/00)