FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State
07-25-2003 90096 005 ***150.00

DOCUMENT # P99000 110066 (V)

Entity Name
Golden Years For The Elderly Corp.

DO NOT WRITE IN THIS SPACE

10110492

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	4. FEI Number	☐ Applied For
13184 S.W. 19 TERR Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0969599	☐ Not Applicable
City & State: Miami FLA.	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	
Zip: 33175 Country: U.S.A.	Zip / Country		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TERESA YERN

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

13184 S.W. 19 TERR.

City: Miami FL Zip Code: 33175

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

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee Is $150.00 After May 1, Fee is $550.00 Amended UBR is $61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

ADDRESS CITY-ST-ZIP	PRESIDENT + SECRETARY TERESA YERN 13184 S.W. 19TH TERRACE Miami FLA. 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ADDRESS CITY-ST-ZIP	VICE-PRESIDENT Naldo GONZALEZ 13184 S.W. 19 TERRACE Miami, FLA. 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa Yern 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

1011 0492
#P99000110066

1518

GOLDEN YEARS FOR THE ELDERLY
13184 SW 19TH TERRACE
MIAMI, FL 33175

63-8413-2670

DATE 4-28-03

Pay to the order of Department of State $ 150.00

One Hundred Fifty and 00/100 DOLLARS

Washington Mutual
Washington Mutual Bank, FA
Miami Beach/Alton Road 1742
1801 Alton Road
Miami Beach, FL 33139
1-800-788-7000
24 hour Customer Service

FOR Form UBR 2003 Document # P99000110066

Teresa Yeru

[redacted]

Attachment

101104492

P99000110066

July 22, 2003

Department of State

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re:
Golden Years For The Elderly Corp.
Document # **P99000110066**
13184 S.W. 19 Terrace
Miami, Florida 33175

Gentleman:

Enclosed please find copy of Annual Report and the check that was sent on April 29, 2003 and apparently was lost.

We are sending a replacement check in the amount of $ 150.00 to cover the fees. Please abate any penalties since the form was sent on time.

Thanking you for your cooperation in this matter.

Cordially

Golden Years For The Elderly Corp.

Teresa Yern-Gonzalez