

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 06, 2000 8:00 am
Secretary of State

07-06-2000 90008 008 ***550.00

DOCUMENT # S01920

1. Entity Name

GOLD FLORIDA CORP.

Principal Place of Business

Mailing Address

**2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131-1897**

**2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131-1802**

2. Principal Place of Business

One Southeast Third Avenue

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28th Floor

City & State
Miami, Florida

City & State

4. FEI Number

65-0243282

Applied For

Not Applicable

Zip
33131-1714

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required-

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131-1897**

7. Name and Address of New Registered Agent

Name

Ravenna Corporation

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

141 N.E. 3rd Avenue

Suite 400

City

Miami

FL

Zip Code
33132

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 **Dania Medina, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/28/00

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 **DP** ☐ Delete
NAME **VILELA, YAMARA COSTA L J**
STREET ADDRESS **ALAMEDA SANTOS 1787 90**
CITY-ST-ZIP **SAO PAULO, BRAZIL**

TITLE **S** ☐ Delete
NAME **MEDINA, DANIA**
STREET ADDRESS **2 SOUTH BISCAYNE BLVD., SUITE 3400**
CITY-ST-ZIP **MIAMI FL 33131-1897**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **MEDINA, DANIA**
CITY-ST-ZIP **One Southeast Third Avenue, 28th Floor**
Miami, Florida 33131-1714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)