2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$75473 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name THE GOLD SOURCE, INC. 04-05-2000 90053 045 ***150.00 Principal Place of Business Mailing Address 1515-1 NW 167TH ST 20609 NE 7TH COURT MIAMI FL 33179-2418 110 R _ MIAMI FL 33169 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0280648 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKER, DAPHNE E. Street Address (P.O. Box Number is Not Acceptable) 20609 NE 7TH COURT **MIAMI FL 33179** Zip Code City 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. Significe, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE SASSON, SIMCHA NAME STREET ADDRESS STREET ADDRESS 19511 W LAKE DR CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE PARKER, DAPHNE E. NAME NAME 20609 NE 7TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE GRANDA, G. DENNIS NAME STREET ADDRESS STREET ADDRESS 19511 W LAKE-DR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

DEPUTE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

305-621-8661

Daytime Phone #