

# 2002 UNIFORM BUSINESS REPORT (UBR)

0069669 AV

**DOCUMENT # M93272**  
 1. Entity Name  
**GOLD COAST MERRIMAC BEACH HOTEL, INC.**

**FILED**

**02 NOV 15 PM 5:03**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 551 NORTH ATLANTIC BLVD.  
 FT. LAUDERDALE FL 33304

Mailing Address  
 551 NORTH ATLANTIC BLVD.  
 FT. LAUDERDALE FL 33304



**REINSTATEMENT**  
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number **65-0077369**  
 Applied For   
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DALAL, ASHOK**  
**1266 NW 119 ST**  
**NORTH MIAMI BEACH FL 33167**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **10/24/02--01083--00 FL \*\*75 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 *Ashok Dalal*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <b>MOTWANI, RAMOLA</b> <b>551 NORTH ATLANTIC BLVD.</b> <b>FT. LAUDERDALE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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*R 11/20*

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: *Ashok Dalal*  
 Signature and typed or printed name of signing officer or director Date **10-9-02** Division Block # **954-564-2343**

CRE034 (4/02)