

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90077 030 ***150.00

DOCUMENT # P97000041296

1. Entity Name
GOLD COAST AIKIKAI, INC.

Principal Place of Business Mailing Address
4144 SW 74 CT 4144 SW 74 CT
MIAMI FL 33155 MIAMI FL 33155-4414
US US

80006021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0763780** 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 7. Name and Address of New Registered Agent

AZCOITA, MAITE ESQ.
115 SOUTH ANDREWS AVENUE
SUITE 423
FORT LAUDERDALE FL 33301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip 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.

SIGNATURE _____ (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 \$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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|------------------------------------|---|----------------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | P DUMLAO, MARIA C | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 10933 S.W. 70 TERRACE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33173 | CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | TITLE | NAME |
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| CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP | CITY-ST-ZIP |
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| CITY-ST-ZIP | CITY-ST-ZIP | 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: *[Signature]* **MARIA CRISTINA DUMLAO** 1-16-00 305-270-9878
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)