

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90140 047 ***150.00

**CORPORATION
BUSINESS REPORT (UBR)**

DOCUMENT # **V23684**

1. Entity Name
CAROLINA SPRINGS PLAZA, INC.



Principal Place of Business
**8038 W. SAMPLE
MARGATE FL 33065**

Mailing Address
**8038 W. SAMPLE
MARGATE FL 33065**

90148704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0334920**

Applied For

Not Applicable

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

**DID GOLD COAST MGMT.
8038 W. SAMPLE ROAD
MARGATE FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHTEREMBERG, PINIE**
STREET ADDRESS **1111 LINCOLN ROAD MALL**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **VD** ☒ Delete
NAME **ROSE, LEO JR.**
STREET ADDRESS **1111 LINCOLN ROAD MALL**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **S** ☐ Delete
NAME **SHTEREMBERG, JOSE**
STREET ADDRESS **1111 LINCOLN ROAD MALL**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **AS** ☒ Delete
NAME **DANIELS, NICHOLAS**
STREET ADDRESS **1111 LINCOLN ROAD MALL**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/03

Date

Daytime Phone #

CF2E034 (4/03)

DI D

Gold Coast Management Corporation

Attachment
90148704
V23684

8038 W. Sample Rd.
Coral Springs, FL 33065
(954) 753-8786
Fax (954) 753-7730

July 31, 2003

We failed to receive the Uniform Business Report due back in May 2003. We would appreciate the \$400.00 penalty be waived.

Enclosed are (2) checks for the amounts of \$150.00 each. Again we apologize for any inconveniences.

Thank you,


Carolina Springs Plaza