I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

VP

### SIGNATURE: VINCENT MUNNO

Electronic Signature of Signing Officer/Director Detail

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:

1415 LYONS RD

1415 LYONS RD

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	PSD	Title	VPTD
Name	SANDLER, JEFFREY	Name	MUNNO, VINCENT
Address	411 NW 1 AVE APT 201	Address	700 NE 47 STREET
City-State-Zip:	FT LAUDERDALE FL 33301	City-State-Zip:	OAKLAND PARK FL 33334

# COCONUT CREEK. FL 33063

# FEI Number: 65-0717975

DOCUMENT# P96000098638

COCONUT CREEK, FL 33063

**Current Mailing Address:** 

## Name and Address of Current Registered Agent:

Entity Name: GOLDCOAST BALLROOM, INC.

**Current Principal Place of Business:** 

SANDLER, JEFFREY 1415 LYONS RD COCONUT CREEK, FL 33063 US

### FILED Jan 20, 2020 Secretary of State 3526096485CC

Certificate of Status Desired: No

01/20/2020 Date

Date