

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 454465

1. Entity Name

GOLD COAST TRAVEL AGENCY CORPORATION, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90129 016 \*\*\*150.00

Principal Place of Business

Mailing Address

19056 N.E. 29TH AVENUE  
NORTH MIAMI BEACH FL 33180  
US

19056 N.E. 29TH AVENUE  
NORTH MIAMI BEACH FL 33180-2802  
US

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

59-1546626

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

SHEROTA, RHEA  
19056 NORTHEAST 29TH AVENUE  
NORTH MIAMI BEACH FL 33180

Name

SHEROTA, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

19056 N.E. 29TH AVENUE

City

VENTURA

FL

Zip Code

33180

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

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 \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	SHEROTA, RHEA	510 LAKE VIEW ST.	MIAMI BEACH FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	SHEROTA, MICHAEL	19056 NE 29TH AVENUE	NORTH MIAMI BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	SHEROTA, JEFFREY	19056 NE 29TH AVE	N MIAMI BEACH FL 33180	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)