

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 458051

1. Entity Name

GOLD COAST SANITATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90057 011 ***150.00

Principal Place of Business

Mailing Address

2315 SW 58 WAY
PO BOX 4576
HOLLYWOOD FL 33083

2315 SW 58 WAY
PO BOX 4576
HOLLYWOOD FL 33083-4576

2. Principal Place of Business

1024 S SOUTH LAKE DR.

3. Mailing Address

1024 S. SOUTH LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

59-1555361

Applied For

Not Applicable

Zip

33019

Country

Zip

33019

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

RAPISARDI, ANTHONY
1024 S SOUTH LK DR
HOLLYWOOD, FL
33019

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

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
ST
RAPISARDI, SHARLENE
1024 S SOUTH LK DR.
HOLLYWOOD FL ☐ Delete

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

TITLE
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CITY-ST-ZIP
P
RAPISARDI, ANTHONY
1024 S SOUTH LK DR.
HOLLYWOOD FL ☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Anthony Rapisardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

Daytime Phone #

CR200004 10/00