

2000 UNIFORM BUSINESS REPORT (UBR)

4/14/1

FILED

Jul 13, 2000 8:00 am
Secretary of State

04-12-2000 90073 028 ***150.00

DOCUMENT # 594262

1. Entity Name

GOLDCOAST WOOD, INC.

Principal Place of Business

Mailing Address

~~1254 NW BARCELONA WAY~~
BOX 1164
BOCA RATON FL 33429

~~1254 NW BARCELONA WAY~~
BOX 1164
BOCA RATON FL 33429-1164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1861518

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

MERENA, STEVEN C
4754 BARCELONA WAY P.O. Box 1164
33429

Name 21128 Via Solano
Street Address (P.O. Box Number is Not Acceptable)

Boca Raton Fla 33433
City Fla 33433 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

TITLE	PD	☐ Delete
NAME	MERENA, STEVEN C	
STREET ADDRESS	22005 MARTELLA AVE P.O. Box 1164	
CITY-ST-ZIP	BOCA RATON FL 33429	
TITLE	T	☐ Delete
NAME	MERENA, STEVEN C	
STREET ADDRESS	22005 MARTELLA AVE P.O. Box 1164	
CITY-ST-ZIP	BOCA RATON FL 33429	
TITLE	SD	☐ Delete
NAME	SHURBERG, JEFFREY	
STREET ADDRESS	22005 MARTELLA AVE P.O. Box 1164	
CITY-ST-ZIP	BOCA RATON FL 33429	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary

561-479-0080

CR2E034 (9/99)