

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F89743**

1. Entity Name

**GOLD COAST HAULING, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90052 049 \*\*\*150.00

0188506

Principal Place of Business

**10000 W BAY HARBOR DR  
APT #525  
BAY HARBOR FL 33154**

Mailing Address

**10000 W BAY HARBOR DR  
APT #525  
BAY HARBOR FL 33154**

**752802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2209936**

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

**STEIGER, STEPHEN D CPA  
1601 NORTH PALM AVENUE  
SUITE 303  
PEMBROKE PINES FL 33026**

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 state if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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 :

TITLE **DP** ☐ Delete  
NAME **MAYANI, GIDEON**  
STREET ADDRESS **10000 W. BAY HARBOR DR., #525**  
CITY-STATE-ZIP **BAY HARBOR FL**

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

TITLE **STD** ☐ Delete  
NAME **WOSKOW, MELINDA**  
STREET ADDRESS **10000 W. BAY HARBOR DRIVE, #525**  
CITY-STATE-ZIP **BAY HARBOR FL**

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

TITLE ☐ Delete  
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STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ 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:

*Melinda Woskow* **MELINDA WOSKOW, 4-24-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10.00)

**305-861-8001**