

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005385

1. Entity Name
GOLD COAST JET, L.L.C.

Principal Place of Business
1126 SOUTH FEDERAL HWY
STE 259
FT LAUDERDALE FL 33316

Mailing Address
~~1126 SOUTH FEDERAL HWY~~
~~STE 259~~
~~FT LAUDERDALE FL 33316~~

2. Principal Place of Business

3. Mailing Address
1515 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 222

City & State

City & State
BOCA RATON, FL

Zip

Country

Zip
33432

Country

4. FEI Number 65-0949726

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONRAD, EDWARD C
1700 S.E. 9TH STREET
FT LAUDERDALE FL 33316

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CONRAD, EDWARD C
1700 S.E. 9TH STREET
FT LAUDERDALE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Edward C Conrad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 2/12/01 Daytime Phone # 561-391-1411

FILED

01 FEB 22 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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