

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90003 008 ***150.00

DOCUMENT # M25222

1. Entity Name

GOLD COAST FREIGHTWAYS, INC.

Principal Place of Business

**12250 NW 28TH AVE
 MIAMI FL 33167
 US**

Mailing Address

**12250 NW 28TH AVE
 MIAMI FL 33167
 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 **59-2616944**

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

**PARKER, PENNI
 12250 NW 28TH AVE
 MIAMI FL 33167**

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.

(NOT

Registered Agent's 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, 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 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MAXWELL, GARY C.	
STREET ADDRESS	157 WASHINGTON AVE	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	DSTV	<input type="checkbox"/> Delete
NAME	PARKER, PENNI M	
STREET ADDRESS	910 SW 174TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MAXWELL, DALE T.	
STREET ADDRESS	26 CARRIAGE WAY	
CITY-ST-ZIP	FREEHOLD NJ	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MOLNAR, ARTHUR	
STREET ADDRESS	285 PAULANNE TERRACE	
CITY-ST-ZIP	SECAUCUS NJ 07094	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, KENNETH	
STREET ADDRESS	910 SW 174TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MAXWELL, ROBERT D	
STREET ADDRESS	12250 NW 28TH AVE	
CITY-ST-ZIP	MIAMI FL 33167	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, Kenneth	Remove
STREET ADDRESS	910 SW 174TH TERRACE	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 y 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 is 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:

S. Maxwell Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 687 3560

CR2E034 (10/00)