2000 UNIFORM BUSINESS REPORT (UBR)

GERARDO GUTIERREZ

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED **DOCUMENT # M34732** May 01, 2000 8:00 am Secretary of State GOLD COAST CASTING, INC. 05-01-2000 90478 008 ***150.00 __ Mailing Address Principal Place of Business 695 N. STATE ROAD 7 695 N. STATE ROAD 7 HOLLYWOOD FL 33021-6294 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0056594 Not Applicable Country Žip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BEVERLY JEAN OVIATT** Street Address (P.O. Box Number is Not Acceptable) 6043 KIMBERLY BLVD., STE S 6043 KIMBERLY BLVD. SUITE T NORTH LAUDERDALE FL 33068 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE-NOWILL-FEE-IS-\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete NAME GUTIERREZ, GERARDO STREET ADDRESS STREET ADDRESS 6136 MONROE ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition __ Change ☐ Delete TITLE NAME ESTRADA, ILEANA G NAME STREET ADDRESS STREET ADDRESS 6136 MONROE ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition TITLE ☐ Change ☐ Delete TITLE GUAJARDO, LUIS NAME NAME STREET ADDRESS 695 N. ST. RD. 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL Change ☐ Addition ☐ Delete GUITERREZ, ROMAN NAME NAME 695 N. ST. RD. 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.