FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90094 044 ***150.00 DOCUMENT # M86226 WEST COAST DEVELOPMENT CORP. OF FT. LAUDERDALE Principal Place of Business Mailing Address 3326 NE 33RD ST P.O. BOX 23304 FT. LAUDERDALE FL 33307 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0084511 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAGLIARDI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3326 NE 33R ST FORT LAUDERDALE FL 33308 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! 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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. SR2E034 (10/00) ☐ Delete ☐ Change ☐ Addition TITLE PST TITLE NAME GAGLIARDI, MICHAEL STREET ADDRESS STREET ADDRESS 3326 NE 33RD ST CITY-ST-7IP CITY-ST-7IP FORT_LAUDERDALE_FL_33308 ☐ Change [] Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and to tradify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director fire this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowers changed, or on an attachment with an address