

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86226

1. Entity Name
**WEST COAST DEVELOPMENT CORP. OF FT.
LAUDERDALE**



Principal Place of Business
**3326 NE 33RD ST
FORT LAUDERDALE, FL 33308**

Mailing Address
**P.O. BOX 23304
FT. LAUDERDALE, FL 33307**

FILED

03 OCT 15 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0084511

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

**GAGLIARDI, MICHAEL
3326 NE 33R ST
FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name
Lawrence Black, Esquire

Street Address (P.O. Box Number is Not Acceptable)

3326 NE 33 Street

City **Ft. Lauderdale** FL Zip Code **33308**

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. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE

Lawrence Black

10-9-03

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

FILE NOW!!! FEE IS \$160.00

After May 1, 2003 Fee will be \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GAGLIARDI, MICHAEL 3326 NE 33RD ST FORT LAUDERDALE, FL 33308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Gagliardi, Michael 26 S. Compass Drive Ft. Lauderdale, FL 33308	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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10/15/03--01004--014 **61.25

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Gagliardi

10-9-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

71 10/16