

2002 UNIFORM BUSINESS REPORT (UBR)

0069696 AV

DOCUMENT # M93272

1. Entity Name
GOLD COAST MERRIMAC BEACH HOTEL, INC.

FILED

02 NOV 15 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33304

Mailing Address
551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0077369

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

DALAL, ASHOK
1266 NW 119 ST
NORTH MIAMI BEACH FL 33167

Name

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

City

000008572430
10/24/02--01083--00 FL ***75949

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 registered agent.

SIGNATURE *Ashok Dalal*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS MOTWANI, RAMOLA
CITY-ST-ZIP 551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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.

SIGNATURE:

SIGNATURE REQUIRED

954-564-2343
10-9-02

CR2E034 (4/02)