

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90417 003 ****70.00

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DOCUMENT # N17096

1. Entity Name
GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC



Principal Place of Business
**7435 WOODMONT TERR
TAMARAC FL 33321
US**

Mailing Address
**10118 WEST MCNAB
105
TAMARAC FL 33321
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2737710** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HAWTHORNE, RON
10018 WEST MCNAB #105
TAMARAC FL 33321**

7. Name and Address of New Registered Agent
Name **ARLINE PACIFICI**
Street Address (P.O. Box Number is Not Acceptable)
2217 NW 40 AVE
City **COCONUT CREEK** FL Zip Code **33066**

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 *Arline Pacifici* **ARLINE PACIFICI** DATE **4/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUTHRIE, MARTY	
STREET ADDRESS	6643 CRENSHAW DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANDEL, STU	
STREET ADDRESS	4101 RVENSWOOD RD, SUITE 402	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	TABASKY, ALAN	
STREET ADDRESS	65 NE 166 TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARON, GARY	
STREET ADDRESS	1250 E HALLANDALE BLVD, SUITE 707	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, ADAM	
STREET ADDRESS	8111-B GARDET RD	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUBBARD, JERRY	
STREET ADDRESS	2359 NW 29TH RD	
CITY-ST-ZIP	BOCA RATON FL 33431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIQUE PEREZ	
STREET ADDRESS	3399 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL MCCLEAN	
STREET ADDRESS	6300 MANOR LANE	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLINE PACIFICI	
STREET ADDRESS	2217 NW 40 AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
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		

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 617, 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: *Arline Pacifici* **ARLINE PACIFICI** DATE **4/9/03** **954-973-1300**

CR2E037 (10/02)