

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9200000082

1. Entity Name

GOLD COAST THERAPEUTIC RECREATION ASSOCIATION, I

Principal Place of Business

C/O GCTR PRESIDENT  
15595 SW 77TH TERRACE #24  
MIAMI FL 33193  
US

Mailing Address

C/O GCTR PRESIDENT  
15595 SW 77TH TERRACE #24  
MIAMI FL 33193-1815  
US

2. Principal Place of Business

3. Mailing Address

6841 SW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-0241887

Applied For

Not Applicable

Zip

Country

Zip

33155

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name

ARIADNE POLANCO

PROW, MARSHA  
2496 NW 87TH LANE  
SUNRISE FL 33322

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

8960 SW 8 TERRACE

City

MIAMI

FL

Zip Code 33174

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.

Marsha Brown

2/28/00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (9/98)

TITLE PD  
NAME CAMACHO, ALEX  
STREET ADDRESS 15595 SW 77TH TERRACE #24  
CITY-ST-ZIP MIAMI FL 33193

Delete

TITLE PD  
NAME CAMACHO, ALEX, R.  
STREET ADDRESS 6841 SW 21 ST  
CITY-ST-ZIP MIAMI, FL 33155

Change

Addition

TITLE TD  
NAME PROW, MARSHA  
STREET ADDRESS 2496 N.W. 87TH LANE  
CITY-ST-ZIP SUNRISE FL 33322

Delete

TITLE VP  
NAME Robyn Katz  
STREET ADDRESS 8200 CLEARY BLVD #2015  
CITY-ST-ZIP Plantation, FL 33324

Change

Addition

TITLE SD  
NAME KATZ, ROBYN  
STREET ADDRESS 8200 CLEARY BLVD #2015  
CITY-ST-ZIP PLANTATION FL 33324

Delete

TITLE TD  
NAME Ariadne Polanco  
STREET ADDRESS 8960 SW 8 Terrace  
CITY-ST-ZIP miami, FL 33174

Change

Addition

TITLE SD  
NAME Alonso Dayne Alonso  
STREET ADDRESS 811 NW 17 PL  
CITY-ST-ZIP Miami, FL 33125

Delete

TITLE SD  
NAME Alonso Dayne Alonso  
STREET ADDRESS 811 NW 17 PL  
CITY-ST-ZIP Miami, FL 33125

Change

Addition

TITLE SD  
NAME Alonso Dayne Alonso  
STREET ADDRESS 811 NW 17 PL  
CITY-ST-ZIP Miami, FL 33125

Delete

TITLE SD  
NAME Alonso Dayne Alonso  
STREET ADDRESS 811 NW 17 PL  
CITY-ST-ZIP Miami, FL 33125

Change

Addition

TITLE SD  
NAME Alonso Dayne Alonso  
STREET ADDRESS 811 NW 17 PL  
CITY-ST-ZIP Miami, FL 33125

Delete

TITLE SD  
NAME Alonso Dayne Alonso  
STREET ADDRESS 811 NW 17 PL  
CITY-ST-ZIP Miami, FL 33125

Change

Addition

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.

(305)

SIGNATURE

R. Camacho REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Camacho, CTRS 2/28/00 325-5721

Daytime Phone #

Evening Phone #

FILED

Jun 12, 2000 8:00 am  
Secretary of State

06-12-2000 90032 021 \*\*\*\*70.00