

'2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90003 021 ****61.25

DOCUMENT # N92000000082

1. Entity Name

GOLD COAST THERAPEUTIC RECREATION ASSOCIATION, I

Principal Place of Business

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

Mailing Address

6841 SW 21 ST
 MIAMI FL 33155
 US

2. Principal Place of Business

~~8200 CLEARY BLVD~~

3. Mailing Address

811 N.W. 17th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL.

City & State

MIAMI, FL.

Zip

333-22

Country

FLORIDA

Zip

33125

Country

FLORIDA

4. FEI Number

65-0241887

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POLANCO, ARIADNE
 8960 SW 8 TR
 MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1/23/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMACHO, ALEY R 6845 SW 21 ST MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KATZ, ROBYN 8200 CLEARY BV 2015 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLANCO, ARIADNE 8960 SW 8 TR MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAYNE, ALONSO 811 NW 17 PL MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Katz, Robyn 10773 NW 18th Drive Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alonso, Dayne 811 NW 17 Place Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Polanco Ariadne 8950 NW 51 PL Coral Springs, FL 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Martinez, Lourdes 4050 E. 8th Ave Hialeah, FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE REQUIRED

1/23/01

954-346-2107

CR2E037 (10/00)