

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000114910**

1. Entity Name

GOLD COAST GENERATORS, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90254 042 ***150.00

0005581

Principal Place of Business

2240 N.W. 119TH STREET
MIAMI FL 33167

Mailing Address

2240 N.W. 119TH STREET
MIAMI FL 33167**C0065109**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2240 NW 119 St
Suite, Apt. #, etc.

3. Mailing Address

2240 NW 119 St
Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33167

Country

USA

Zip

33167

Country

USA5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLT, DAVID J
10971 S.W. 42ND PLACE
DAVIE FL 33328

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, 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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLIPPEN, JOHN	
STREET ADDRESS	878 E. 20TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOLT, DAVID J	
STREET ADDRESS	10971 S.W. 42ND PLACE	
CITY-ST-ZIP	DAVIE FL 33328	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLIPPEN, JOHN	
STREET ADDRESS	878 E 20 ST	
CITY-ST-ZIP	HIALEAH FL 33013	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, DAVID J	
STREET ADDRESS	10971 SW 42 PLACE	
CITY-ST-ZIP	DAVIE FL 33328	

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Flppen

Date

4/30/2001

Daytime Phone #

CR2E034 (10/00)