

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90458 041 ***150.00

DOCUMENT # P01000056098
1. Entity Name
GOLD COAST SHUTTER MANUFACTURING INC.

Principal Place of Business
2413 HARDING STREET
HOLLYWOOD FL 33020

Mailing Address
2413 HARDING STREET
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5900 SW 44TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
5900 SW 44TH STREET
 Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State
DAVIE FL

Zip
33314

Country
USA

Zip
33314

Country
USA

4. FEI Number
65-1122611

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
COOPER, MICHAEL
2413 HARDING STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name
COOPER, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
11681 SW 3RD ST
City
PLANTATION **FL** **Zip Code**
33325

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]* **DATE** **3/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
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 D NAME COOPER, MICHAEL STREET ADDRESS 2413 HARDING STREET CITY-ST-ZIP HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE D NAME COOPER, MICHAEL STREET ADDRESS 11681 SW 3RD ST CITY-ST-ZIP PLANTATION FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME COOPER, MARTIN STREET ADDRESS 850 SW 87 TERRACE CITY-ST-ZIP PLANTATION FL 33324	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **DATE** **3/12/02** **Daytime Phone #**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)