9/9/

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000073940

1. Entity Name

GOLD COAST FACTORING CORPORATION

Principal Place of Business	Mailing Address
3240 SOUTHWEST 42ND AVENUE	3240 SOUTHWEST 42ND AVENUE
C/O NIDA-CORE CORP.	C/O NIDA-CORE CORP.
PALM CITY FL 34990	PALM CITY FL 34990

4 4 5 5 5

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
	541 NW INTERPARK PLACE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
	C/O NIDA-CORE CORP		
City & State	City & State	4. FEI Number	Applied For
	PORT ST LUCIE FL	65112143	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
		34986			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name
NIDA-CORE CORP.	Nida-Core Corporation
3240 SOUTHWEST 42ND AVENUE	Street Address (P.O. Box Number is Not Acceptable)
	541 NW Interpark Pl.
PALM CITY, FL 34990	Port St. Lucie, FL 34986
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _[signature]_   DAMIEN JACQUINET   9/3/02

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when changing)   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 $550.00** After September 13, 2002 Fee will be $750.00 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	PRESIDENT / OWNER	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAMIEN JACQUINET		NAME		
STREET ADDRESS	541 NW INTERPARK PL		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34986		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]_ SIGNATURE IS REQUIRED Damien Jacquinet   9/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (4/02)