

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90319 001 ***150.00
03-27-2003 90319 002 *****8.75

DOCUMENT # P02000110514

1. Entity Name
GOLD COAST FINANCIAL, INC.



Principal Place of Business
**1800 S OCEAN BLVD #409
POMPANO BCH FL 33062**

Mailing Address
**1800 S OCEAN BLVD #409
POMPANO BCH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1866154

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.

**3732 NW 16TH ST
FT LAUDERDALE FL 33311**

Name **VICTOR MOSKALENKO**

Street Address (P.O. Box Number is Not Acceptable)
1800 S. OCEAN BLVD. #409

POMPANO BEACH

City

FL

Zip Code **33062**

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 **VICTOR MOSKALENKO - PRESIDENT - V. Moskalenko 03-11-2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MOSKALENKO, VICTOR**
STREET ADDRESS **1800 S OCEAN BLVD #409**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **SOFI MOSKALENKO-KEMELMAN**
STREET ADDRESS **1800 S. OCEAN BLVD. #409**
CITY-ST-ZIP **POMPANO BEACH, FL, 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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: **V. Moskalenko PRESIDENT-VICTOR MOSKALENKO 11-03-2003 (954) 783-5434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)