## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P02000112010

1. Entity Name

GOLDCOAST HEALTH SERVICES INC



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90685 036 \*\*\*150.00

		····						
Principal Place of Business 9737 NW 41ST ST SUITE 195 MIAMI FL 33178		Mailing Address 9737 NW 41ST ST SUITE 195 MIAMI FL 33178						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #	C ANAC.	Suite, Apt. #, etc	AME		☐ CHECK HER	E IF MAKINO	S CHANG	SES.
		City & State	<del>~ ((~~</del>		4. FEI Number			Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$8.75	Not Applicab
	6. Name and Address of Current	Registered Agent				_	Fee Rea	uired
VENTO, PAS	STOR MIGUEL		Name		7. Name and Address of New	Hegistered A	Agent	
1424 SW 22			Street Ad	dress (P.C	. Box Number is Not Acceptable			
MIAMI FL 33					- Lox Homber is Not Acceptable	ie)		<del></del>
8 The above se			City			FL	Zip C	ode
the obligation	amed entity submits this statement for s of registered agent.	the purpose of changing	its registered office or re	egistered a	agent, or both, in the State of Flo	orida. Lam fa	amiliar wit	th and access
SIGNATURE							arring vyg	п, апо ассері
	nature, typed or printed name of registered agent an	d title if applicable. (NO	OTE: Registered Agent signature	required wher	reinstating)	DATE		
After M	NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.00 ayable to Florida Department of \$	State			9. Election Campaign Fir Trust Fund Contribution	ancino	\$5.	.00 May Be
10.	OFFICERS AND D	IRECTORS	11.		1			
ט ון	NTO, PASTOR MIGUEL	☐ Delete	TITLE		DDITIONS/CHANGES TO OFF		DIRECTO Change	
STHEET AUDRESS 14	24 SW 11TH ST AMI FL 33135		NAME STREET ADDRESS CITY-ST-ZIP				L. J Change	☐ Addition
TITLE NAME	<u></u>	☐ Delete	TITLE					
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		•	(	☐ Change	☐ Addition
ITLE	*	☐ Delete	TITLE					
TREET ADDRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	* > 40		. [	☐ Change	Addition
TLE AME		☐ Delete	TITLE					
TREET ADDRESS TY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			L	] Change	☐ Addition
LE ME	<del></del>	☐ Delete	TITLE					
REET ADDRESS TY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			L	Change	☐ Addition
LE ME REET ADDRESS Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition
I hereby cortifie	that the information supplied with this seport or supplemental report is true on or the receivel or trust e empower an attachment with an address, with a	filing does not qualify for the accurate and that my do to execute this report at all other like empowered.	CITY-ST-ZIP	Section 1 ne same le 307, Florida	19.07(3)(i), Florida Statutes. I fu gal effect as if made under oath a Statutes; and that my name ap	rther certify the certify the certify the certification and certif	nat the inf officer o	ormation or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-03 305-9966628