

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049414

1. Entity Name

GOLD COAST BONDING AGENCY, INC.

Principal Place of Business

1850 SW 8TH STREET

MIAMI FL 33135

Mailing Address

~~1850 SW 8TH STREET~~

~~STE. 209~~

~~MIAMI FL 33135-8434~~

2. Principal Place of Business

1844 SW 8th

Suite, Apt. #, etc.

3. Mailing Address

1844 S.W 8 Street

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33135

Country

USA

Zip

33135

Country

USA

4. FEI Number

65-0503355

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DEL-MAZO, MARIO  
1697 SW 16TH ST  
MIAMI FL 33145

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 MARIO DEL MAZO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2000

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, 2000 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 DEL MAZO, MARIO  
STREET ADDRESS 1697 SW 16TH ST  
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~VP~~  
NAME ~~DEL MAZO, CLARA~~  
STREET ADDRESS ~~1697 SW 16TH STREET.~~  
CITY-ST-ZIP ~~MIAMI FL 33135~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-2000 - 305 6426666



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)