

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90322 015 \*\*\*150.00

DOCUMENT # **P97000030116**

1. Entity Name

**Gold Coast Appraisal & Realty, Inc.**

**635429**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1 SNE 4 St**

Suite, Apt. #, etc.

3. Mailing Address

**1 SNE 4 St.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Delray Beach, Florida**

City & State

**Delray Beach, Florida**

4. FEI Number

**65-0744912**

Applied For

Not Applicable

Zip

**33444**

Country

**USA**

Zip

**33444**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Glahm Michael**

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

**15 NE 4 Street**

City

**Delray Beach**

**FL**

Zip Code

**33444**

**DO NOT WRITE  
IN THIS SPACE**

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

**Michael Glahm**

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

(NOTE: Registered Agent signature required when installing)

**04.10.02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
Glahm Michael  
1 SNE 4 St, Delray Beach, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**UPS  
Glahm Lilianna  
1 SNE 4 St, Delray Beach, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Michael Glahm**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.10.02**

Date

**561-330 00 33**

Daytime Phone #

CR2ED346 (12/01)