

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90085 045 ***150.00

DOCUMENT # P97000094215

1. Entity Name

GULFCOAST EDUCATION AND RESEARCH CENTER, INC.

Principal Place of Business

**C/O LUIS CASANOVA STE. 27
 2885 TAMiami TRAIL
 PT. CHARLOTTE FL 33952**

Mailing Address

**C/O LUIS CASANOVA STE. 27
 2885 TAMiami TRAIL
 PT. CHARLOTTE FL 33952**

2. Principal Place of Business

3191 Harbor Blvd.

Suite, Apt. #, etc.

Suite A

3. Mailing Address

3191 Harbor Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Port Charlotte FL

City & State

Port Charlotte FL

Zip

33952

Country

Zip

33952

Country

4. FEI Number

65-0798110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOSE M

3280 TAMiami TRAIL, STE. 27

PT. CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

Luis A. Casanova

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

119 Sinclair St. N.W.

Port Charlotte

FL

Zip Code

33952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CASANOVA, LUIS A	
STREET ADDRESS	119 SINCLAIR ST. SW	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, JOSE M	
STREET ADDRESS	417 MEDICI CT.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jesus Rivero	
STREET ADDRESS	3191 Harbor Blvd.	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernardo J. Arias, MD	
STREET ADDRESS	3191 Harbor Blvd	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02

CR2E034 (9/01)