

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030172

1. Entity Name

TREASURE COAST GROUP INTERNATIONAL, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90150 032 ***150.00

Principal Place of Business

1250 E HALLANDALE BCH BLVD
408
HALLANDALE FL 33009
US

Mailing Address

1250 E HALLANDALE BCH BLVD
408
HALLANDALE FL 33009
US

AUUJ0000J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14847 N.E. 20th AVE
Suite, Apt. #, etc.

3. Mailing Address

14847 N.E. 20th AVE
Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number

65-0846738

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33181

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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 re-stating)

DATE

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, 2001 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 PSTD
NAME GUBITOSI, CONSTANCE S
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD 408
CITY- ST- ZIP HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Gubitosi, Constance S
STREET ADDRESS 14847 N.E. 20th AVE
CITY- ST- ZIP N. Miami, FL 33181 ☒ Change ☐ Addition

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

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

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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 *Constance S. Gubitosi* **Constance S. Gubitosi** **President** **4/23/01** **(305) 940-7003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)