

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091341

1. Entity Name
G & C COAST TO COAST CORP.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90180 001 ***150.00

Principal Place of Business
17952 S.W. 153RD PLACE
MIAMI FL 33187

Mailing Address
17952 S.W. 153RD PLACE
MIAMI FL 33187

2. Principal Place of Business
3555 NW 13TH STREET

Suite, Apt. #, etc.

3. Mailing Address
3555 NW 13TH STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
Miami, Fl

Zip
33125

Country
MIAMI-DADE

Zip
33125

Country
MIAMI-DADE

4. FEI Number
65-0871370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DUMAS, GEOSVANYS
17952 S.W. 153RD PLACE
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name

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

City

FL

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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUMAS, GEOSVANYS
17952 S.W. 153RD PLACE
MIAMI FL 33187

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PADRON, CALIXTO
3555 NW 13TH ST
MIAMI FL 33125

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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.

Calixto Padron, Director

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2001

Date

305-6420712

Daytime Phone #

CR2E034 (10/00)