

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
 04-18-2000 90235 037 \*\*\*150.00

**DOCUMENT # P98000101565**

1. Entity Name

**GOLD COAST INTERNATIONAL CORP.**

Principal Place of Business

Mailing Address

**7809 W. COMMERCIAL BLVD.  
 TAMARAC FL 33351**

**7809 W. COMMERCIAL BLVD.  
 TAMARAC FL 33351-4382**

2. Principal Place of Business

**2092 SW 45 ST**

3. Mailing Address

**2092 SW 45 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

City & State

**FT. LAUDERDALE, FL**

Zip

**33125**

Country

**USA**

Zip

**33125**

Country

**USA**

4. FEI Number

**65-0882689**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SALAZAR, HECTOR M  
 7809 W. COMMERCIAL BLVD.  
 TAMARAC FL 33351**

7. Name and Address of New Registered Agent

Name  
**SALAZAR, HECTOR M**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2092 SW 45 ST.**  
 City  
**FT. LAUDERDALE** FL Zip Code  
**33125**

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.

**AGENT.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/4/00**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GALLEGO, MARTHA</b>	
STREET ADDRESS	<b>1421 PRESIDIO DR.</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JIMENEZ, CECILIA M</b>	
STREET ADDRESS	<b>1421 PRESIDIO DR.</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SALAZAR, HECTOR M</b>	
STREET ADDRESS	<b>1421 PRESIDIO DR.</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEJIA, VICTORIA E</b>	
STREET ADDRESS	<b>1421 PRESIDIO DR.</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SALAZAR, ALEJANDRO</b>	
STREET ADDRESS	<b>1421 PRESIDIO DR.</b>	
CITY-ST-ZIP	<b>WESTON FL 33327</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HECTOR SALAZAR</b>	
STREET ADDRESS	<b>515 TALAVERA RD.</b>	
CITY-ST-ZIP	<b>WESTON, FL 33326</b>	
TITLE	<b>VICE - PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEJANDRO SALAZAR</b>	
STREET ADDRESS	<b>1582 ZENITH WAY</b>	
CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICTORIA MEJIA</b>	
STREET ADDRESS	<b>1582 ZENITH WAY</b>	
CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CECILIA M. JIMENEZ</b>	
STREET ADDRESS	<b>515 TALAVERA RD.</b>	
CITY-ST-ZIP	<b>WESTON, FL 33326</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTHA GALLEGO</b>	
STREET ADDRESS	<b>515 TALAVERA RD.</b>	
CITY-ST-ZIP	<b>WESTON, FL 33326</b>	
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

**HECTOR SALAZAR**

Date

**4-4-00**

Daytime Phone #

**(954) 726-8866**

CR 1E034 (9/99)