

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90176 001 \*\*\*150.00

**DOCUMENT #** P98000101565  
**Entity Name**  
**GOLD COAST INTERNATIONAL CORP.**

**Principal Place of Business** 793 NE 45 ST  
**Mailing Address** OAKLAND PARK, FL 3334

**1. Principal Place of Business** 793 NE 45 ST  
**2. Mailing Address**  
 Suite, Apt. #, etc. OAKLAND PARK, FL 33334  
 City & State OAKLAND PARK, FL 33334  
 Zip Country Zip Country

**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

**7. Name and Address of New Registered Agent**  
 Name SALAZAR HECTOR M  
 Street Address (P.O. Box Number is Not Acceptable)  
 793 NE 45ST  
 City OAKLAND PARK FL 33334 FL Zip Code

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]* **AGENT** 04-23-01  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**OFFICERS AND DIRECTORS**

LE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HECTOR SALAZAR SAME AS ABOVE <input type="checkbox"/> Delete
LE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALEJANDRO SALAZAR same as above <input type="checkbox"/> Delete
LE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY VICTORIA MEJIA SAME AS ABOVE <input type="checkbox"/> Delete
LE NAME STREET ADDRESS CITY-ST-ZIP	REASURER CECILIA M JIMENEZ SAME AS ABOVE <input type="checkbox"/> Delete
LE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARTHA GALLEGOS SAME AS ABOVE <input type="checkbox"/> Delete
LE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **PRESIDENT** 04-23-01 (954) 493-7334  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)