

10/23/2001 13:06 CCRS - 13056663104

NO.237 D02

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042140

1. Entity Name

GOLD COAST BUILDING MANAGEMENT, INC. ✓

Principal Place of Business

 % 8380 WEST FLAGLER STREET
 #200
 MIAMI FL 33144

Mailing Address

 % 8380 WEST FLAGLER STREET
 #200
 MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Name and Address of Current Registered Agent

 GONZALEZ, MARCO
 % 8380 WEST FLAGLER STREET
 #200
 MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

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

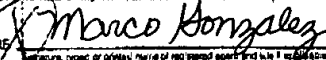
City

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



(NOTE: Registered Agent signature required when either (a) or (b) is checked)

DATE

 9. This corporation is eligible to qualify as 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 PD
 NAME GONZALEZ, MARCO
 STREET ADDRESS % 8380 WEST FLAGLER ST., #200
 CITY-ST-ZIP MIAMI FL 33144

 TITLE
 NAME
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 807, 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 persons empowered.

SIGNATURE: Marco Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-01

Date

Daytime Phone

 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT 23 AM 9:50

A0874959

REINSTATEMENT 00-0

65-1027705

6. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

C1218034 (0/00)

500004658475

-10/30/01--01014--

****606.00

009.00