

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90106 011 ***550.00

DOCUMENT # P99000047948

1. Entity Name
SAN JERONIMO GOLD COAST, INC.

Principal Place of Business

354 MALLARD ROAD
WESTON FL 33327

Mailing Address

354 MALLARD ROAD
WESTON FL 33327

2. Principal Place of Business

3400 NE 6 Terrace

3. Mailing Address

1767 N Kimbark Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Bch. FL

City & State

Orange, CA

Zip

Country

33064

U.S.A.

Zip

Country

92869

U.S.A.

4. FEI Number

65-0984820

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABRERA, JOSE
354 MALLARD ROAD
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

CABRERA, JOSE

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

3400 NE 6 TERRACE

City

Pompano Beach FL

Zip Code

33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
 Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09/10/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **CABRERA, JOSE R**
STREET ADDRESS **354 MALLARD ROAD**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **VD** ☐ Delete
NAME **CABRERA, WILMA**
STREET ADDRESS **354 MALLARD ROAD**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Cabrera, Jose R.**
STREET ADDRESS **1767 N Kimbark Ln.**
CITY-ST-ZIP **Orange, CA 92869**

TITLE **VD** ☒ Change ☐ Addition
NAME **Cabrera, Wilma**
STREET ADDRESS **1767 N. Kimbark Ln.**
CITY-ST-ZIP **Orange, CA 92869**

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

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

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

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

CR2E034 (4/02)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/02 (714) 771-5304