

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/3

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90002 029 \*\*\*550.00

**DOCUMENT # P99000053122**

1. Entity Name

**SOUTHCOAST CASTING, INC.**

Principal Place of Business

7500 W COMMERCIAL BLVD  
 FT LAUDERDALE FL 33319

Mailing Address

7500 W COMMERCIAL BLVD  
 FT LAUDERDALE FL 33319

2. Principal Place of Business

7500 N. Commercial Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o World Jewelry Exchange

City & State

City & State

FT. LAUD. FLA

Zip

Country

Zip

Country

33311

BROWARD

6. Name and Address of Current Registered Agent

POPE, MARK MARK  
 7500 W COMMERCIAL BLVD  
 FT LAUDERDALE FL 33319

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
 MARK POPE, PRES  
 STREET ADDRESS 7500 W COMMERCIAL BLVD  
 CITY-ST-ZIP FORT LAUDERDALE, FL 33319

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
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 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:

Mark Pope  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00

954-946-8771