

2,003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 000078659  
1. Entity Name  
GOLD COAST MARINE PAINTING INC.



FILED  
May 07, 2003 8:00 am  
Secretary of State

05-07-2003 90161 008 \*\*\*158.75

DO NOT WRITE IN THIS SPACE

90131643

2. Principal Place of Business <u>741 NW. 45 AVE</u>	3. Mailing Address <u>741 NW. 45 AVE</u>
Suite, Apt. #, etc. <u>45</u>	Suite, Apt. #, etc. <u>45</u>
City & State <u>MIAMI, FL.</u>	City & State <u>MIAMI, FLA</u>
Zip <u>33126</u>	Country <u>USA</u>
Zip <u>33126</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0945493</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name <u>MIGUEL A. OLIVA</u>
Street Address (P.O. Box Number is Not Acceptable) <u>741 NW. 45 AVE.</u>
City <u>MIAMI,</u>
FL Zip <u>33126</u>

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 M.A. Oliva.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 05/05/03

January 1 - May Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State
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9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.D.</u> <u>OLIVA MIGUEL A.</u> <u>741 NW. 45 AVE.</u> <u>MIAMI, FL. 33126</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like entries.

SIGNATURE: M.A. Oliva.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/03 (305)441-5948  
Daytime Phone #

*Attachment #*

90131643

**May 5, 2003**

**DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O.BOX 1500  
TALLAHASSEE, FL. 32302-1500**

**SUBJET: UNIFORM BUSINESS REPORT/ 2003  
DOCUMENT # P9000078659**

**We would like to inform the Department of Corporation that we have  
not received the green page to update our corporation for the year 2003.**

**We are requesting any waiver of penalties or interests and your  
understanding. Our Accountant questions us about it and advise to  
explain as soon as possible the missing green application.**

**We are including the 2003 U.B. R. information on blank copy and a  
check. We need some understanding and help. Thank.**

**Sincerely;**

*X* Miguel A. Oliva

**Miguel A. Oliva  
President /Director**