

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39501

1. Entity Name

DID GOLD COAST MANAGEMENT CORPORATION

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90004 012 \*\*\*150.00

Principal Place of Business

Mailing Address

6038 W SAMPLE RD  
CORAL SPRINGS FL 33065  
US

~~18330 CORAL CHASE DR~~ 3759 Moon Bay  
~~BOCA RATON FL 33065-4714~~ Wellington, Fla  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0251003

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUANY, DARIO E.

~~18330 CORAL CHASE DR~~ 3759 Moon Bay Circle  
~~BOCA RATON FL 33498~~ Wellington, FLA. 33414

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DUANY, DARIO E.	
STREET ADDRESS	<del>18330 CORAL CHASE DR</del> 3759 Moon Bay Circle	
CITY-ST-ZIP	<del>BOCA RATON FL 33498</del> Wellington FLA 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUANY, ISABEL	
STREET ADDRESS	<del>18330 CORAL CHASE DR</del> 3759 Moon Bay Circle	
CITY-ST-ZIP	<del>BOCA RATON FL 33498</del> Wellington FLA 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARIO E. DUANY

Date

2/17/2000

Daytime Phone #

954-753-8786

CR2E034 (9/99)