2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # \$95493** Mar 13, 2000 8:00 am Secretary of State GOLD COAST PIANO CORP. 03-13-2000 90003 010 ***150.00 Mailing Address Principal Place of Business 6969 NW 87 AVENUE 6969 NW 87 AVENUE PARKLAND FL 33067 PARKLAND FL 33067-1066 しいりろりひろて 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0296355 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HASTINGS, RICHRD G Street Address (P.O. Box Number is Not Acceptable) 6969 NW 87 AVENUE PARKLAND FL 33067 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change ☐ Addition PD TITLE ☐ Delete NAME NAME HASTINGS, RICHARD STREET ADDRESS STREET ADDRESS **6969 NW 87 AVENUE** CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME HASTINGS, JUNIA STREET ADDRESS STREET ADDRESS 6969 NW 87 AVENUE CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of this stee 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.

Daytime Phone #