

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # V18274**1. Entity Name
GOLD COAST CRUISES, INC.**Principal Place of Business**

19056 N.E. 29TH AVENUE

N. MIAMI BEACH
33180

FL

Mailing Address

19056 N.E. 29TH AVENUE

N. MIAMI BEACH
33180

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSHEROTA MICHAEL
19056 NE 29TH AVENORTH MIAMI BEACH
33180

FL

US

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)

04/30/2001

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, 2001 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**

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	VP	<input type="checkbox"/> Delete
NAME	SHEROTA MICHAEL	
STREET ADDRESS	19056 N E 29TH AVENUE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEROTA JEFFREY	
STREET ADDRESS	19056 N E 29TH AVENUE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOTZ IRWIN (DOC)	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEL PINO GEORGE	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE PATRICK	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOODWORTH JOHN M	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEROTA MICHAEL	
STREET ADDRESS	19056 N E 29TH AVENUE	
CITY-ST-ZIP	AVENTURA FL 33180	
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: PATRICK DOYLE, VICE PRESIDENT

VPS

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)