

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91220 042 ***150.00

DOCUMENT #V18274

1. Entity Name
GOLD COAST CRUISES, INC.



Principal Place of Business
19056 N.E. 29TH AVENUE
N. MIAMI BEACH, FL 33180

Mailing Address
19056 N.E. 29TH AVENUE
N. MIAMI BEACH, FL 33180

11005559

2. Principal Place of Business
220 CONGRESS PARK DRIVE
Suite, Apt. #, etc.
SUITE 125

3. Mailing Address
220 CONGRESS PARK DRIVE
Suite, Apt. #, etc.
SUITE 125



☐ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

4. FEI Number
☒ Applied For
☒ Not Applicable

Zip
33445
Country
USA

Zip
33445
Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BLOODWORTH, JOHN M
220 CONGRESS PARK DRIVE
DELRAY BEACH, FL 33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ROBERT J. MARAIST 220 CONGRESS PARK DRIVE DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 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

ROBERT J. MARAIST

Date

4/14/03

Daytime Phone #

561 266 0860

CR2E034 (10/02)