

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90079 046 ***150.00

DOCUMENT # F95000000187

1. Entity Name
MIDCOAST CREDIT CORP.

Principal Place of Business 1926 TENTH AVE N. 4TH FL LAKE WORTH FL 33461 US	Mailing Address 1926 TENTH AVE N. 4TH FL LAKE WORTH FL 33461-3300 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1926 Tenth Avenue North	3. Mailing Address 1926 Tenth Avenue North
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State Lake Worth, FL	City & State Lake Worth, FL

4. FEI Number 11-1870337	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**ROGERS, JAMES
 1926 TENTH AVE N, 4TH FL
 LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent
 Name
Olga E. Parra
 Street Address (P.O. Box Number is Not Acceptable)
**1926 Tenth Avenue North,
 Suite 400**
 City
Lake Worth **FL** Zip Code
33461

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 **Olga E. Parra** **1/26/00**
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 SVTS	<input checked="" type="checkbox"/> Delete	TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JAMES M ROGERS		NAME Michael Bernstein	
STREET ADDRESS 1926 TENTH AVE N, 4TH FL		STREET ADDRESS 1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP LAKE WORTH FL 33461		CITY-ST-ZIP Lake Worth, FL 33461	
TITLE SVAS	<input type="checkbox"/> Delete	TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAROLYN S SESCO		NAME 1926 Tenth Avenue North, Suite 400	
STREET ADDRESS 1926 TENTH AVE N, 4TH FL		STREET ADDRESS 1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP LAKE WORTH FL 33461		CITY-ST-ZIP 1926 Tenth Avenue North, Suite 400	
TITLE SVAS	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME EVE WILT		NAME 1926 Tenth Avenue North, Suite 400	
STREET ADDRESS 1926 TENTH AVE N, 4TH FL		STREET ADDRESS 1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP LAKE WORTH FL 33461		CITY-ST-ZIP 1926 Tenth Avenue North, Suite 400	
TITLE D	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME SHAPIRO, HONORA		NAME 1926 Tenth Avenue North, Suite 400	
STREET ADDRESS 1926 TENTH AVE N, 4TH FL		STREET ADDRESS 1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP LAKE WORTH FL 33461		CITY-ST-ZIP 1926 Tenth Avenue North, Suite 400	
TITLE DV	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME SHAPIRO, STEPHEN J		NAME 1926 Tenth Avenue North, Suite 400	
STREET ADDRESS 1926 TENTH AVE N, 4TH FL		STREET ADDRESS 1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP LAKE WORTH FL 33461		CITY-ST-ZIP 1926 Tenth Avenue North, Suite 400	
TITLE EVS	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME PARRA, OLGA		NAME 1926 Tenth Avenue North, Suite 400	
STREET ADDRESS 1926 TENTH AVE N, 4TH FL		STREET ADDRESS 1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP LAKE WORTH FL 33461		CITY-ST-ZIP 1926 Tenth Avenue North, Suite 400	

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 **Olga E. Parra, Executive Vice President** **1/26/00** **(561) 540-6224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)