

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90152 016 ***150.00

AV

DOCUMENT # F95000000187

1. Entity Name
MIDCOAST CREDIT CORP.

Principal Place of Business 1926 TENTH AVE N. 4TH FL 400 LAKE WORTH FL 33461 US	Mailing Address 1926 TENTH AVE N. 4TH FL 400 LAKE WORTH FL 33461 US
----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 11-1870337	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	-----------------------------------------	--------------------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

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

6. Name and Address of Current Registered Agent

**PARRA, OLGA E
 1926 TENTH AVE N, 4TH FL
 400
 LAKE WORTH FL 33461**

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) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BERNSTEIN, MICHAEL 1926 TENTH AVE N #400 LAKE WORTH FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAROLYN S SESCO 1926 TENTH AVE N #400 LAKE WORTH FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS EVE WILT 1926 TENTH AVE N #400 LAKE WORTH FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, HONORA 1926 TENTH AVE N #400 LAKE WORTH FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAPIRO, STEPHEN J 1926 TENTH AVE N #400 LAKE WORTH FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS PARRA, OLGA 1926 TENTH AVE N #400 LAKE WORTH FL 33461 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached Exhibit "A" for a complete list of officers and directors.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF REGISTERED AGENT** **3/7/02** (561) 540-6224
Signature and typed or printed name of signing officer or director Date Daytime Phone #
Olga L. Parra, Executive Vice President

CR2E034 (9/01)



Attachment
DOC# F95000000 187

350785

March 18, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: MidCoast Credit Corp.
F95000000187

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business report for the above referenced corporation together with Check No. 011883 in the amount of \$150 in payment of the filing fee.

Sincerely,

Heather S. Murphy

Heather S. Murphy
Compliance Administrator

/hsm
Enclosures

Exhibit "A"
MidCoast Credit Corp.
Officers and Directors

Attachment

DOC# F95000000187

NAME	TITLE	BUSINESS ADDRESS
Shorewood Associates, Inc.	Stockholder	
Honora Shapiro	Director	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Michael Bernstein	Director & President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Olga E. Parra	Executive Vice President, Chief Operating Officer, Secretary & General Counsel	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Stephen J. Shapiro	Executive Vice President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Carolyn S. SESCO	Senior Vice President, Treasurer, Controller & Assistant Secretary	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Eve Wilt	Senior Vice President & Assistant Secretary	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
William C. Kennedy	Vice President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Graham Paul Wellington	Vice President & Assistant Secretary	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Lisa C. Cathell	Assistant Vice President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Suzanne R. Petipren	Assistant Vice President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461

350785