

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90109 007 \*\*\*150.00

**DOCUMENT # P0000062923**

1. Entity Name  
**COASTLINE COMMUNITY GROUP, INC.**

Principal Place of Business Mailing Address  
**255 PALM AVENUE 255 PALM AVENUE**  
**MIAMI BEACH FL 33139 MIAMI BEACH FL 33139**

2. Principal Place of Business 3. Mailing Address  
**8720 N. Kendall Dr #114**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#114**

City & State City & State  
**Miami FLA**  
 Zip Country Zip Country  
**33176 USA**

4. FEI Number Applied For  
**65-1020377** Not Applicable

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

6. Name and Address of Current Registered Agent  
**BISCHOFF, RICHARD J ESQ.**  
**BISCHOFF & ASSOCIATES, P.A.**  
**100 S.E. 2ND STREET TWENTY EIGHT FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **HANS C. MUELLER**  
 Street Address (P.O. Box Number is Not Acceptable) **8720 N. Kendall Dr #114**  
 City **Miami, FL** Zip Code **33176**

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]* DATE **4/30/01**  
Signature, typed or printed name of registered agent if it is not applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	<b>MUELLER, HANS C</b>
STREET ADDRESS	<b>255 PALM AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>MR. James G. Merrill</b>
STREET ADDRESS	<b>2539 S. Bayshore Dr.</b>
CITY-ST-ZIP	<b>Miami FLA 33131</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>Maria Teresa Alvarez</b>
STREET ADDRESS	<b>8520 SW 74th Ave</b>
CITY-ST-ZIP	<b>Miami FLA 33143</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>Jürgen Eismann</b>
STREET ADDRESS	<b>7300 S.W. 62 Ave</b>
CITY-ST-ZIP	<b>Miami FLA 33143</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>Laraine Feldman</b>
STREET ADDRESS	<b>7000 S.W. 62 Ave #400</b>
CITY-ST-ZIP	<b>Miami FLA 33143</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>Patricia Coppenburg</b>
STREET ADDRESS	<b>779 Bruce Dr Leaf #900</b>
CITY-ST-ZIP	<b>Coral Gables FL 33134</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MR. Robert Horder</b>
STREET ADDRESS	<b>12815 SW. 114th Place</b>
CITY-ST-ZIP	<b>Miami FLA 33176</b>
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tanya Kolbe</b>
STREET ADDRESS	<b>108 Edgewater Dr #7-D</b>
CITY-ST-ZIP	<b>Coral Gables FLA 33133</b>
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Linda M. Mroczewski</b>
STREET ADDRESS	<b>6280 Sunset Pr #402</b>
CITY-ST-ZIP	<b>Miami FLA 33143</b>
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Duffin Matsen</b>
STREET ADDRESS	<b>770 S. Dixie Hwy</b>
CITY-ST-ZIP	<b>Coral Gables FLA 33146</b>
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kate Pearson</b>
STREET ADDRESS	<b>1115 N.E. 9th Ave</b>
CITY-ST-ZIP	<b>FL. Lighthouse, FL. 33364</b>
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Norman Powell</b>
STREET ADDRESS	<b>3206 AMB Cocoma</b>
CITY-ST-ZIP	<b>Miami FLA 33139</b>

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 appropriate empowerment.

SIGNATURE: *[Signature]* DATE: **04/30/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)