

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90079 046 ***150.00

DOCUMENT # P00000062923

1. Entity Name
FLORIDA COASTLINE COMMUNITY GROUP, INC.

Principal Place of Business 8720 N KUDALL DRIVE #114 MIAMI FL 33176	Mailing Address 8720 NORTH KENDALL DRIVE SUITE 114 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8720 N Kendall Drive	3. Mailing Address
Suite, Apt. #, etc. # 114	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-1020317	Applied For <input type="checkbox"/> Not Applicable
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Zip 33176	Country	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	7. Name and Address of New Registered Agent	
MUELLER, HANS C 8720 N KUDALL DRIVE #114 MIAMI FL 33176	Name	
	Street Address (P.O. Box Number is Not Acceptable)	8720 N. Kendall Dr.
	City	#114 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if 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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, HANS C 255 PALM AVENUE MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL, JAMES J 2539 S. BAYSHORE DRIVE MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVANGE, MIMI TERESA 83203 N 74TH TERRACE MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EISERMON, JURGEN 7300 SW 62ND PLAZA MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILDMAN, LARWNCE 7000 SW 62BD AVENUE #400 MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREENBUG, PATRICIA 999 PONCE DE LEON BLVD, #900 MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 an other like empowered.

SIGNATURE: [Signature] **RE REQUIRED** 1/31/02 305-555-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)