

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040162

1. Entity Name

SOUTH COAST INSURANCE, INC

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90023 003 ***150.00

Principal Place of Business

Mailing Address

1065 N.E. 125TH ST.
SUITE 215
NORTH MIAMI FL 33161

1065 N.E. 125TH ST.
SUITE 215
NORTH MIAMI FL 33161-5832

2. Principal Place of Business

3. Mailing Address

1065 N. E. 125th Street

1065 N. E. 125th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

North Miami, Fl

North Miami, Fl 33161

Zip

Country

Zip

Country

4. FEI Number

65-0663849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, VINCENTE
1065 N.E. 125TH ST.
SUITE 215
NORTH MIAMI FL 33161

Name

Martinez, Vincente

Street Address (P.O. Box Number is Not Acceptable)

1065 N. E. 125th Street

Suite 100

City

North Miami

FL

Zip Code
33161

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, 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 P ☐ Delete
NAME MARTINEZ, VINCENTE
STREET ADDRESS 620 NE 12TH AVE #507
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MARTINEZ, MARIA
STREET ADDRESS 620 NE 12 AVE #507
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ *
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CITY-ST-ZIP

TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-03-2000 (305) 891-057