

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**  
 01-12-2000 90023 003 \*\*\*150.00

**DOCUMENT # P96000040162**

1. Entity Name

**SOUTH COAST INSURANCE, INC**

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

00000338



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

65-0663849

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

January 3 2000

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	<input type="checkbox"/> Delete
NAME	MARTINEZ, VINCENTE	
STREET ADDRESS	620 NE 12TH AVE #507	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARIA	
STREET ADDRESS	620 NE 12 AVE #507	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-03-2000 (305) 891-057