

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000058792**

1. Entity Name

**COASTAL ISLAND DEVELOPMENT, INC.****FILED****Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90002 004 \*\*\*150.00

Principal Place of Business

Mailing Address

20803 BISCAYNE BLVD.  
SUITE 200  
AVENTURA FL 33180P.O. BOX 8020  
HALLANDALE FL 33008

2. Principal Place of Business

3. Mailing Address

**300 S.W. 2ND STREET****300 S.W. 2ND STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 9****SUITE 9**

City &amp; State

City &amp; State

**FORT LAUDERDALE, FL****FORT LAUDERDALE, FL**

Zip

Country

Zip

Country

**33312****U.S.A.****33312****U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0754382**

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

BEDZOW, MICHAEL  
% BEDZOW, KORN, BROWN, P.A.  
20803 BISCAYNE BLVD., STE 200  
AVENTURA FL 33180

Name

**SCHWARTZ, RICHARD**

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

**1775 S. OCEAN BLVD.**

City

**DELRAY BEACH**

FL

Zip Code

**33483**

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

**RICHARD M. SCHWARTZ****4/10/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**LEPINE, NORMAND F**  
**20803 BISCAYNE BLVD., SUITE 200**  
**AVENTURA FL 33180**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**LEPINE, NORMAND F.**  
**2851 S. OCEAN BLVD. #1-T**  
**BOCA RATON, FL 33432**TITLE ☐ Delete  
NAME  
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NORMAND F. LEPINE** **4/10/01**

D.J.#

**954-439-4141**

Daytime Phone #

CR2E034 (10/00)