

# 2001 UNIFORM BUSINESS REPORT (UBR)

102

**DOCUMENT #** A99000000062

**1. Entity Name**  
THE SUNCOAST FAMILY LIMITED PARTNERSHIP

**FILED**

01 AUG 14 PM 12:17

**Principal Place of Business**  
7861 S.W. 53RD AVENUE  
MIAMI FL 33143

**Mailing Address**  
7861 S.W. 53RD AVENUE  
MIAMI FL 33143

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY SEPTEMBER 26, 2001**

**4. FEI Number** 65-0884527

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**

COIN INTERNATIONAL, INC.  
7861 S.W. 53RD AVENUE  
MIAMI FL 33143

**Name**  
**Street Address** (P.O. Box Number is Not Acceptable)  
**City** 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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. Capital Contributions** \$5,000,000.00 **10. Amount of Capital Contributions** in FLORIDA to date \_\_\_\_\_ **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	513071	STREET ADDRESS	
NAME	COIN INTERNATIONAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	7861 S.W. 53RD AVENUE		
CITY-ST-ZIP	MIAMI FL 33143		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** SIGNATURE REQUIRED MIRCHANDANI 7-18-01 305 666 5829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)