

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000062

1. Entity Name
THE SUNCOAST FAMILY LIMITED PARTNERSHIP

FILED

02 JUN 19 PM 2:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$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	
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STREET ADDRESS			
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-22-02 305 661 4188
Date Daytime Phone #

CR2E003 (9/01)