URFCOAST CORP. INC.  URFCOAST CORP. INC.  URFCOAST CORP. INC.  Mailing Address  Mailing Mailing Address  Mailing Mai	URFCOAST CORP. INC.	SECRETARY OF STATE DIVISION OF CORPORATION
COLINS AVE	cipal Place of Business Mailing Address	1 <b>4</b>
COLINS AVE		00 JUL 27 PM I2: 29
Principal Place of Business  3. Mailing Address 7350 Remcon Circle Suite, Apt #, etc. Sui		
Table Apt #, etc.    Suite		00066955
Suite Apt #, etc.  Suite Apt #, etc.  Suite Apt #, etc.  Suite 2  City & State  E1 Paso, TX  Country  2p  Country  Ty912  Country  Ty912  Country  Ty912  Country  Ty912  City  State  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acce		
City & State  City & State  Country  Country  Country  Country  Typ912  Typ912  Country  Typ912  Country  Typ912  Typ912  Country  Typ912  Typ912  Country  Typ912  T		31:
E1 Paso, TX    Country   Zip   Country   Zip   Typ   12   Country   S. Certificate of Status Desired   S. 75 Additional Fee Required		4 PEI Number - Applied For
Type 12 US  S. Cettricate of Status Desired   Fee Required   Fee R	El Paso, TX	59-1212047 Not Applica
LEFF, S. 1367 N.E. 162ND ST. NORTH MIAMI BEACH FL 33162  City  City  FL  Zip Code  This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Name  Signature, typed or private insense of registered agent and the if applicable.  (NOTE: Registered Agent signature required when receilisting)  DATE  This corporation is eligible to satisfy its Intangible Task filing requirement and elects to do so.  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  TOP PASCHOLD, H.W.  ZOTHUNDERBIRD DR  EI PASO TX  Delete  THE  PASCHOLD, F.  Additional State  PASCHOLD, F.  Additional State  OR CIRCLE STE. 2  City 51-2P  Delete  THE  PASCHOLD, F.  Additional State  City 51-2P  City 51-2P  Additional State  City 51-2P  City 51		
Table 182ND ST.  NORTH MIAMI BEACH FL 33162  City FL Zip Code  Code  City FL Zip Code  City FL Zip Code  Code  City FL Zip Code  City FL Zip Code  Code  City FL Z		
Table 182ND ST.  NORTH MIAMI BEACH FL 33162  City FL Zip Code  Code  City FL Zip Code  City FL Zip Code  Code  City FL Zip Code  City FL Zip Code  Code  City FL Z	LOTE &	
City FL Zip Code  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.  Signatura, typed or privad name of registered agent and title if applicable. (NOTE: Registered Agent agreature required when revealating)  DATE  Signatura, typed or privad name of registered agent and title if applicable. (NOTE: Registered Agent agreature required when revealating)  DATE  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  PASCHOLD, H.W. 220 THUNDERBIRD DR  STREET ADDRESS  CITY-ST-ZP  OS  PASCHOLD, F. 341 SHORT DR. MOUNTAINSIDE NJ  Delide  TILE NAME STREET ADDRESS	1367 N.E. 162ND ST.	
This corporation is eligible to satisfy its Intangible at the Head of the Pasch of		
Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recitating)  DATE  Initial corporation is eligible to satisfy its Intangible at Stilling requirement and elects to do so.  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PASCHOLD, H.W.  220 THUNDERBIRD DR  EL PASO TX  Oelste  PASCHOLD, F.  341 SHORT DR.  MOUNTAINSIDE NJ  Delete  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  Addition  Change		hy Zin Code
P   Delete	above named entity submits this statement for the purpose of changing its registered office.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent is corporation is eligible to satisfy its Intangible.)	fice or registered agent, or both, in the State of Florida.  In agnature required when reinstating)  DATE  1150.00  10. Election Campaign Financing  \$5.00 May 86
220 THUNDERBIRD DR  EL PASO TX  DS  PASCHOLD, F.  341 SHORT DR.  MOUNTAINSIDE NJ  Delete  TILE  NAME  STREET ADDRESS  CITY-S1-ZP  Delete  TILE  NAME  STREET ADDRESS  CITY-S1-ZP  Delete  STREET ADDRESS  CITY-S1-ZP  Delete  STREET ADDRESS  CITY-S1-ZP  Change  Additi  Additi  Change  Additi  Additi  STREET ADDRESS	City  Be above named entity submits this statement for the purpose of changing its registered office.  Signature, typed or privided name of registered agent and title if applicable.  (NOTE: Registered Agent his corporation is eligible to satisfy its Intangible ax filling requirement and elects to do so.  After MAY 1, 2000 Fee will be Make Check Payable to Departs.	fice or registered agent, or both, in the State of Florida.  In signature required when reinstating)  DATE  150.00  10. Election Campaign Financing  \$5.00 May 8  Trust Fund Contribution.
DS   Delete   Title   Change   Addition   Change   Change   Addition   Change   Chang	City  Be above named entity submits this statement for the purpose of changing its registered office.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent his corporation is eligible to satisfy its Intangible ax filling requirement and elects to do so.  After MAY 1, 2000 Fee will be Make Check Payable to Departs  OFFICERS AND DIRECTORS  12.	fice or registered agent, or both, in the State of Florida.  In agnature required when reinstating)  DATE  150.00  10. Election Campaign Financing  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
341 SHORT DR.  SIREET ADDRESS CITY-ST-ZEP  Delede TITLE NAME STREET ADDRESS	City The above named entity submits this statement for the purpose of changing its registered office.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent his corporation is eligible to satisfy its Intangible as filing requirement and elects to do so.  After MAY 1, 2000 Fee will be Make Check Payable to Departs  OFFICERS AND DIRECTORS  12.  P PASCHOLD, H.W.  STREET ADD  STREET ADD	fice or registered agent, or both, in the State of Florida.  In signature required when revelating)  DATE  15.000  be \$550.00  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  P PASCHOLD, H. W.  7350 REMCON CIRCLE STE. 2
Delete TITLE Change Addition	City The above named entity submits this statement for the purpose of changing its registered office.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent his corporation is eligible to satisfy its Intangible ax filing requirement and elects to do so.  OFFICERS AND DIRECTORS  12-  PASCHOLD, H.W.  220 THUNDERBIRD DR  EL PASO TX  Delete  City-ST-ZP  Oelete  1:TLE	fice or registered agent, or both, in the State of Florida.  In agnature required when renelating)  DATE  15.000  be \$550.00  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PASCHOLD, H. W.  7350 REMCON CIRCLE STE. 2  EI, PASO, TX 79912
NAME STREET ADDRESS	City The above named entity submits this statement for the purpose of changing its registered office in a statement for the purpose of changing its registered office in a statement for the purpose of changing its registered office in a statement in a statement and statement and statement and elects to do so.    City   City	fice or registered agent, or both, in the State of Florida.  In agnature required when reinstating)  DATE  10. Election Campaign Financing S5.00 May 8 Added to Fees transit Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PASCHOLD, H. W.  7350 REMCON CIRCLE STE. 2  EI, PASO, TX 799.12
CITY-SY-ZIP	City The above named entity submits this statement for the purpose of changing its registered office in a statement for the purpose of changing its registered office in a statement to the purpose of changing its registered office in a statement in the purpose of changing its registered of its purpose of changing its registered of its purpose of changing its registered office in a statement in the purpose of changing its registered office in a statement in a statement in the purpose of changing its registered office in a statement in a state	fice or registered agent, or both, in the State of Florida.  ## semature required when revelating)  ## 150.00  ## \$550.00  ## Trust Fund Contribution.  ## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ## PASCHOLD, H. W.  ## 7350 REMCON CIRCLE STE. 2  ## FI. PASO, TX 79912    Change   Additionally   Additionally   Change   Additionally   Additionally   Change   Additionally   Additionally   Additionally   Change   Additionally   Addi
□ Delete TITLE □ Change □ Additi	City The above named entity submits this statement for the purpose of changing its registered office in a special property of the purpose of changing its registered office in a special property of the purpose of changing its registered of t	fice or registered agent, or both, in the State of Florida.    Interpretation
NAME .	City The above named entity submits this statement for the purpose of changing its registered office in the purpose of changing its registered of its applicable.	fice or registered agent, or both, in the State of Florida.    Interpretation
	City The above named entity submits this statement for the purpose of changing its registered office in applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent in the purpose of changing its registered office in applicable.  (NOTE: Registered Agent in the purpose of changing its registered office in applicable.  (NOTE: Registered Agent in applicable.  (NOTE: Registered office in applicab	fice or registered agent, or both, in the State of Florida.    Interpretation
	Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent his corporation is eligible to satisfy its Intangible as filling requirement and elects to do so.  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  12.  OR PASCHOLD, H.W.  220 THUNDERBIRD DR  EL PASO TX  OS OR Oelete  TILLE  NAME  STREET ADDR  OTTUE  OTTUE  NAME  STREET ADDR  OTTUE  OTTUE  NAME  STREET ADDR  OTTUE  OTTUE  OTTUE  OTTUE  OTTUE  NAME  STREET ADDR  OTTUE  OTTUE  OTTUE  OTTUE  OTTUE  OTTUE  OT	fice or registered agent, or both, in the State of Florida.    Interpretation
	City  Be above named entity submits this statement for the purpose of changing its registered office.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registeried Agent in the purpose of changing its registered office.  FILE NOW!!! FEE IS \$1  After MAY 1, 2000 Fee will be Make Check Payable to Departs  OFFICERS AND DIRECTORS  12.  PASCHOLD, H.W. 220 THUNDERBIRD DR  GIY-SI-ZP  Oelete  TITLE NAME STREET ADDR GIY-SI-ZP  Defete TITLE NAME STREET ADDR GIY-SI-ZP	fice or registered agent, or both, in the State of Florida.    Magnature required when releasing   DATE
NAME STREET ADDRESS	a above named entity submits this statement for the purpose of changing its registered office.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered office.)  In the purpose of changing its registered office.  (NOTE: Registered office.)  In the purpose of changing its registered office.  (NOTE: Registered office.)  In the purpose of changing its registered office.  (NOTE: Registered office.)  FILE NOW!!! FEE IS \$1  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered office.  After MAY 1, 2000 Fee with the purpose of changing its registered agent and title if applicable.  After MAY 1, 2000 Fee with the purpose of changing its registered agent and title if applicable.  After MAY 1, 2000 Fee with the purpose of changing its registered agent and title if applicable.  After MAY 1, 2000 Fee with the purpose of changing its registered agent and title if applicable.  After MAY 1, 2000 Fee with the purpose of changing its registered agent and title if applicable.  After MAY 1, 2000 Fee with the purpose of changing its registered of changing its	fice or registered agent, or both, in the State of Florida.    Magnature required when revelating    DATE
NAME STREET ADDRESS CITY-ST-ZP	Be above named entity submits this statement for the purpose of changing its registered officers.  Signature, typed or privided name of registered agent and title if applicable.  Signature, typed or privided name of registered agent and title if applicable.  (NOTE: Registered Agent (NOTE: Registered Agent and title if applicable.  (NOTE: Registered Agent (NOTE: Registered Agent and title if applicable.  (NOTE: Registered Agent (NOTE: Registered Agent and title if applicable.  (NOTE: Registered Agent (NOTE: Registered Agent and title if applicable.  (NOTE: Registered Agent (NOTE: Registered Agent and title if applicable.  (NOTE: Registered Agent A	fice or registered agent, or both, in the State of Florida.    Magnature required when reinstating    DATE
NAME STREET ADDRESS	This corporation is eligible to satisfy its intangible agent and title if epphcable.    Signature, typed or printed name of registered agent and title if epphcable.   (NOTE: Registered office)	fice or registered agent, or both, in the State of Florida.    Magnature required when reinstating    DATE
□ Change □ Addit	After MAY 1, 2000 Fee will be content on the purpose of changing its registered office of the purpose of changing its registered apert and title if applicable.  PILE NOW!!! FEE IS \$1  After MAY 1, 2000 Fee will be aftered to Depart and title if applicable.  PILE NOW!!! FEE IS \$1  After MAY 1, 2000 Fee will be aftered to Depart and title if applicable.  PASCHOLD, H.W.  20 THUNDERBIRD DR  STREET ADDITION  CITY-ST-ZP  Delete TITLE  NAME  STREET ADDITION  CITY-ST-ZP  Delete TITLE  NAME  STREET ADDITION  CITY-ST-ZP  CITY-ST-ZP	fice or registered agent, or both, in the State of Florida.    Magnature required when releasing   DATE
	After MAY 1, 2000 Fee will be criteria on back)  PASCHOLD, H.W.  20 THUNDERBRD DR EL PASO TX  PASCHOLD, F.  341 SHORT DR.  MOUNTAINSIDE NJ  Delete  Delete  TITLE  NAME  STREET ADDR  279  Delete  TITLE  NAME  STREET ADDR  CTY-ST-ZP  Delete  TITLE	fice or registered agent, or both, in the State of Florida.    Magnature required when releasing   DATE
NAME I'M of a C	above named entity submits this statement for the purpose of changing its registered office of the purpose of changing its registered of its interest of the purpose of changing its registered of its interest of the purpose of changing its registered of its interest of the purpose of changing its registered of its interest of the purpose of changing its registered of its interest of the purpose of changing its registered of its interest of the purpose of changing its registered of its interest of the purpose of changing its registered of its interest of the purpose of changing its registered of its interest of the purpose of changing its registered of its interest of changing its registered of its interest of the purpose of changing its registered of its interest of changing its registe	fice or registered agent, or both, in the State of Florida.    Magnature required when reveleting    DATE
NAME STREET ADDRESS	above named entity submits this statement for the purpose of changing its registered office of the purpose of changing its registered of the purpose of chanding its registered of the purpose of changing its registered o	fice or registered agent, or both, in the State of Florida.    Magnature required when revelating    DATE
NAME STREET ADDRESS	above named entity submits this statement for the purpose of changing its registered office of the purpose of changing its registered of the purpose of chanding its registered of the purpose of changing its registered o	fice or registered agent, or both, in the State of Florida.    Magnature required when revelating    DATE
NAME STREET ADDRESS CITY-ST-ZP	above named entity submits this statement for the purpose of changing its registered office of the purpose of changing its registered of the purpose of changing its regis	fice or registered agent, or both, in the State of Florida.    Magnature required when reinstating    DATE
NAMÉ STREET ADDRESS CITY-ST-ZP  Delete TIT_E  Change  Additit	Signature, typed or primed name of registered agent and title if applicable.  Signature, typed or primed name of registered agent and title if applicable.  Signature, typed or primed name of registered agent and title if applicable.  Signature, typed or primed name of registered agent and title if applicable.  Signature, typed or primed name of registered agent and title if applicable.  [NOTE: Registered Agent (NOTE: Registered Agent	fice or registered agent, or both, in the State of Florida.  In signature required when reinstating)  DATE  S150.00  the \$550.00  trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PASCHOLD, H. W.  7350 REMCON CIRCLE STE. 2  EI. PASO, TX 799.12  Change Additionaries  DRESS  DRESS  DRESS  DRESS  DRESS  DRESS  DRESS  DRESS  P  Change Additionaries  Change Additionaries

achment Zofn

Surf Coast Corp., Inc 7350 Remcon Circle - Ste.2 El Paso, TX 79912

June 22, 2000

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:2000 Uniform Business Report FEI Number 59-1212047

Gentlemen:

Enclosed with this letter, is our completed Uniform Business Report that was due on April 31, 2000. We are writing this letter to appeal the \$400.00 penalty for late filling, for the following reason:

The UBR 2000 form was received by our office, on June 20th, 2000. The form was addressed to an incorrect address, and was not forwarded to our new address. We have enclosed the original mailer with this letter, and respectfully request Administrative Relief from the penalty.

We appreciate your assistance in this matter. Please contact my Accountant if there are any questions regarding this situation. He can be contacted as follows:

W.L. Willey Tax & Accounting Services 7350 Remon Circle – Ste. 1 El Paso, TX. 79912 Tel. 915-587-6875

Once again, thank you for your assistance.

Sincerely,

Helmut W. Paschold

President