

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90187 007 \*\*\*150.00

**DOCUMENT # 500527**

1. Entity Name  
**COIN-IT, INC.**



Principal Place of Business  
**6135 N.W. 167TH STREET  
STE #E-21  
MIAMI FL 33015**

Mailing Address  
**6135 N.W. 167TH STREET  
STE #E-21  
MIAMI FL 33015**

**10055554**



2. Principal Place of Business

**9275 Bird Road**

3. Mailing Address

**P.O. Box 4437**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Miami, FL**

City & State

**Hallandale, FL**

4. FEI Number

**59-1662739**

Applied For

Not Applicable

Zip

**33165**

Country

**United States**

Zip

**33008-4437**

Country

**United States**

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

**ROGOVIN, LAWRENCE H.**

**6135 N W 167TH STREET, E-21  
MIAMI FL 33015**

Name

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

**4000 Hollywood Blvd.**

**Suite 265 South**

City  
**Hollywood**

**FL**

Zip Code

**33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Lawrence H. Rogovin**

**3-31-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOCHBERG, JOEL</b>	
STREET ADDRESS	<b>318 SOUTH PAKWAY</b>	
CITY-ST-ZIP	<b>GOLDEN BEACH FL 33160</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>HOCHBERG, MARCIA</b>	
STREET ADDRESS	<b>318 SOUTH PARKWAY</b>	
CITY-ST-ZIP	<b>GOLDEN BEACH FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOEL HOCHBERG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 1, 2003 305-932-7713**  
Date Daytime Phone #

CR2E034 (10/02)