## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # 525991 May 15, 2000 8:00 am 1. Entity Name COAST TO COAST SALES & SERVICE, INC. Secretary of State 05-15-2000 90262 045 \*\*\*150.00 Principal Place of Business Mailing Address 1881 NW 108 ST. 1881 NW 108 ST. PLANTATION FL 33319-4960 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Blv DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc €05 G Applied For City & State 4. FEI Number City & State 59-1722166 Not Applicable Country \$8.75 Additional Zip Country US 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUBIN, ALLAN M. Street Address (P.O. Box Number is Not Acceptable) 2450 HOLLYWOOD BLVD. SUITE 401 HOLLYWOOD FL Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE GREBLER, MEL NAME NAME 1881-NW-108-AVE STREET ADDRESS 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33322 Change ☐ Addition TITLE TITLE GREBLER, HELAINE NAME 1881 NW 108 AVE STREET ADDRESS 7203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PLANTATION FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 in changed, or on an attachment with an address with all other like empowered. that my name appears in Block 11 or Block 12 if