

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27837**

1. Entity Name

COASTAL INVESTMENT PROPERTIES, LTD.

Principal Place of Business

**435 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL**

Mailing Address

**435 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL**

2. Principal Place of Business

1400 S.W. 15th AVE.

3. Mailing Address

1400 S.W. 15th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

BROWARD

Zip

33312

Country

BROWARD

4. FEI Number

65-0096764

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

ISENBERG, WILLIAM S.

315 SE 7TH ST., SUITE 301

FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions
as Shown on record.

\$10,000,000.00

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

DOCUMENT # **P95000087131**
NAME **PVP, INC.**
STREET ADDRESS **435 N ATLANTIC BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1400 S.W. 15th AVE.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

300005033383--7

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

03/04/02 01007-027
*****535.00 ***535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/19/02 (954) 467-7186

CR2E003 (9/01)