

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000197

1. Entity Name
SUNCOAST CAPITAL GROUP, LTD.

Principal Place of Business
1751 WEST CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309
US

Mailing Address
1751 WEST CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -5 AM 11:02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0375337	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVID ZWICK 200 EAST BROWARD BLVD., SUITE 1125 FORT LAUDERDALE FL 33301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,500,000.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P92000012709 SUNCOAST CAPITAL GROUP, INC. 200 E. BROWARD BLVD., #1125 FT. LAUDERDALE FL 33301	STREET ADDRESS CITY-ST-ZIP	900003429099--0 -10/18/00--01085--026 ****526.25 ****526.25
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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: REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #