

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

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DOCUMENT # A92000000197

1. Entity Name

SUNCOAST CAPITAL GROUP, LTD.

02 APR 29 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

None (Liquidated)

3. Mailing Address

c/o CEA Fund; 17130 Arvida Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

One A

City & State

City & State

Weston, FL

Zip

Country

Zip

Country

33326

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0375337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID ZWICK

200 EAST BROWARD BLVD., SUITE 1125
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Todd Cohen

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

c/o CEA Fund

17130 Arvida Parkway, Suite One A

City

Weston

FL

Zip Code

33326

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

4/23/02

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

DOCUMENT # P92000012709
NAME SUNCOAST CAPITAL GROUP, INC.
STREET ADDRESS 200 E. BROWARD BLVD., #1125
CITY-ST-ZIP FT. LAUDERDALE FL 33301

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

c/o CEA Fund
17130 Arvida Parkway, Suite One A

CITY-ST-ZIP

Weston, FL 33326

STREET ADDRESS

CITY-ST-ZIP

BK

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

4/23/02

Date

(877) 272-1977

Daytime Phone #

CR2E003 (9/01)