

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000187

1. Entity Name

MIDCOAST CREDIT CORP.

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90079 046 ***150.00

Principal Place of Business

1926 TENTH AVE N. 4TH FL
LAKE WORTH FL 33461
US

Mailing Address

1926 TENTH AVE N. 4TH FL
LAKE WORTH FL 33461-3300
US

2. Principal Place of Business

1926 Tenth Avenue North

3. Mailing Address

1926 Tenth Avenue North

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

11-1870337

Applied For

Not Applicable

Zip

33461

Country

Palm Beach

Zip

33461

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, JAMES
1926 TENTH AVE N, 4TH FL
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name
Olga E. Parra

Street Address (P.O. Box Number is Not Acceptable)
1926 Tenth Avenue North,

Suite 400

City
Lake Worth

FL

Zip Code
33461

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

Olga E. Parra

1/26/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SVTS	<input checked="" type="checkbox"/> Delete
NAME	JAMES M ROGERS	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	SVAS	<input type="checkbox"/> Delete
NAME	CAROLYN S SESCO	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	SVAS	<input type="checkbox"/> Delete
NAME	EVE WILT	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, HONORA	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHAPIRO, STEPHEN J	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	EVS	<input type="checkbox"/> Delete
NAME	PARRA, OLGA	
STREET ADDRESS	1926 TENTH AVE N, 4TH FL	
CITY-ST-ZIP	LAKE WORTH FL 33461	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Bernstein	
STREET ADDRESS	1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1926 Tenth Avenue North, Suite 400	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1926 Tenth Avenue North, Suite 400	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olga E. Parra, Executive Vice President

1/26/00

Date

(561) 540-6224

Daytime Phone #

CR2E034 (9/99)