

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90043 034 ***150.00

DOCUMENT # F95000000187

1. Entity Name

MIDCOAST CREDIT CORP.

Principal Place of Business

**1926 TENTH AVE N. 4TH FL
 400
 LAKE WORTH FL 33461
 US**

Mailing Address

**1926 TENTH AVE N. 4TH FL
 400
 LAKE WORTH FL 33461
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-1870337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARRA, OLGA E
 1926 TENTH AVE N, 4TH FL
 400
 LAKE WORTH FL 33461**

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.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERNSTEIN, MICHAEL 1926 TENTH AVE N #400 LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached Exhibit "A" for a complete list of officers and directors	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAROLYN S SESCO 1926 TENTH AVE N #400 LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS EVE WILT 1926 TENTH AVE N #400 LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, HONORA 1926 TENTH AVE N #400 LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAPIRO, STEPHEN J 1926 TENTH AVE N #400 LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS PARRA, OLGA 1926 TENTH AVE N #400 LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Olga E. Parra, Executive Vice President

1/10/01 (561) 540-6224

Date

Daytime Phone #

CR2E034 (10/00)



F95000000187
811466

January 31, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: MidCoast Credit Corp.
F95000000187

Dear Sir or Madam:

Enclosed for filing please find the 2001 Uniform Business Report for the above-referenced corporation together with Check No. 10695 in the amount of \$150.00 in payment of the filing fee.

Very truly yours,

Michele M. Mueller

Michele M. Mueller
Legal Administrator

/mmm
Enclosures

Exhibit "A"
MidCoast Credit Corp.
Officers and Directors

NAME	TITLE	BUSINESS ADDRESS
Shorewood Associates, Inc.	Stockholder	
Honora Shapiro	Director	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Michael Bernstein	Director & President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Olga E. Parra	Executive Vice President, Chief Operating Officer, Secretary & General Counsel	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Stephen J. Shapiro	Executive Vice President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Carolyn S. SESCO	Senior Vice President, Treasurer, Controller & Assistant Secretary	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Eve Wilt	Senior Vice President & Assistant Secretary	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
William C. Kennedy	Vice President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Graham Paul Wellington	Vice President & Assistant Secretary	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Lisa C. Cathell	Assistant Vice President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
Suzanne R. Petipren	Assistant Vice President	1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461

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