

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006406

1. Entity Name

EAST COAST ACQUISITION CORPORATION

Principal Place of Business

5965 N.W. 82 AVE.
MIAMI FL 33166

Mailing Address

5965 N.W. 82 AVE.
MIAMI FL 33166-3418

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(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 DVS
NAME WOMBWELL, JOHN F
STREET ADDRESS 515 POST OAK BLVD., STE. 450
CITY-ST-ZIP HOUSTON TX 77027

TITLE CEO
NAME WISE, JIM P
STREET ADDRESS 515 POST OAK BLVD., STE. 450
CITY-ST-ZIP HOUSTON TX 77027

TITLE P
NAME REEVE, GEORGE J
STREET ADDRESS 5965 N.W. 82 AVE.
CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
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] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 305-233-0011
Date Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90095 026 ***150.00

00047102



DO NOT WRITE IN THIS SPACE

CR 1014 (06/99)