

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90014 039 \*\*\*150.00

DOCUMENT # ~~H68198~~ **H68198** ✓  
 1. Entity Name  
 COASTAL AUTO SALES OF PALM BEACH, INC.

Principal Place of Business      Mailing Address  
 1602 N. DIXIE HWY      1602 N. DIXIE HWY  
 LAKE WORTH FL 33460      LAKE WORTH FL 33460

2. Principal Place of Business      3. Mailing Address  
**3155 S. Military Trail**      **3155 S. Military Trail**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**Lake Worth FL**      **Lake Worth FL**      **59-2551685**      Not Applicable  
 Zip      Country      Zip      Country  
**33463**      **Palm Beach**      **33463**      **Palm Beach**  
 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  
**MILICI, HENRY**  
**7402 HAZELWOOD CIRCLE**  
**LK. WORTH FL 33467**  
 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! FEES \$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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILICI, GINA		NAME		
STREET ADDRESS	1602 N. DIXIE HWY		STREET ADDRESS	3155 S. Military Trail	
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP	Lake Worth FL 33463	
TITLE	DPTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILICI, HENRY		NAME		
STREET ADDRESS	7402 HAZELWOOD C		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: **Henry Milici**      3/3/00