2001 UNIFORM BUSINESS REPORT (UBR)

STF FL32381F.1

FILED May 22, 2001 8:00 am Secretary of State

DOCUMENT # K 44463				Secretary of State		
Coastal Southwest Properties. The						
Principal Place of Business Mailing Address Macron Ave				<u> </u>		
#= 11092 W). Marion he	#6	COPELUI /			
Purto Goeda, 51 30 Punto Goeda			rdon, Kl	3950 00056931		
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta	te	City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	* Country	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 Name						
1625 W. Marion Ave #6			Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
Purto Gordon, Fl. 33950						
0.77	and analytic system the their standards and	for the number of shoreline	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) After MAY 1 2001 Fee will be \$550,000 Make Check Payable to Department of Sta				50.00 May Be Trust Fund Contribution. Added to Fees		
11. TITLE	OFFICERS AND D	IRECTORS Delets	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	Bahop, Brood 12077 SW Kingsu	<u>.</u> □	NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition		
STREET ADDRESS CITY - ST - ZIP	Lake Suzy F	1.	CITY - ST - ZIP			
TITLE NAME	Ancavagn, Rob	ert D. Delete	TITLE NAME	Change		
STREET ADDRESS CITY - ST - ZIP	Ponto Corda	AM 3395L	STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		Delete	TITLE NAME	Asst. Sec Change Addition		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	Right Condo El 33950		
TITLE NAME		Delete	TITLE NAME	Change Addition		
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP		Delete	CITY - ST - ZIP	Change Addition		
NAME STREET ADDRESS		Ш	NAME STREET ADDRESS			
CITY - ST - ZIP	·		CITY - ST - ZIP			
TITLE NAME	,	Delete	TITLE NAME	Change Addition		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	İ		
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: Paro AMCEDILORN 4/30/01 8884						
		OR PRINTED NAME OF SIGNI	NG OFFICER OR DIR	ECTOR Date Davime Phobe #		