

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90043 037 \*\*\*150.00

**DOCUMENT # L52615**

1. Entity Name  
**MARLAND PROPERTIES, INC.**

Principal Place of Business  
**5733 RIVERA DRIVE**  
**CORAL GABLES FL 33146**  
**US**

Mailing Address  
**5733 RIVERA DRIVE**  
**CORAL GABLES FL 33146**  
**US**

2. Principal Place of Business

3. Mailing Address

**BI-COASTAL PROPERTY MANAGEMENT INC.**  
**250 CATALONIA AVE SUITE # 405**  
**CORAL GABLES FL 33134**

**BI-COASTAL PROPERTY MANAGEMENT INC.**  
**250 CATALONIA AVE SUITE # 405**  
**CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0175231**

Applied For  
 Not Applicable

Zip **US**

Zip **US**

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

**HERSKOWITZ, ANDREW**  
**5733 RIVERA DRIVE**  
**CORAL GABLES FL 33146**

Name  
 Street Address (If Office Number is Not Acceptable)  
**BI-COASTAL PROPERTY MANAGEMENT INC.**  
**250 CATALONIA AVE SUITE # 405**  
**CORAL GABLES FL 33134**  
 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 *Andrew Herskowitz* **1/3/02**  
 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, 2002 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	PD HERSKOWITZ, MARLA 430 CAMPANA AVENUE CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HERSKOWITZ, ANDREW 5733 RIVERA DRIVE CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BI-COASTAL PROPERTY MANAGEMENT INC.</b> <b>250 CATALONIA AVE SUITE # 405</b> <b>CORAL GABLES FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BI-COASTAL PROPERTY MANAGEMENT INC.</b> <b>250 CATALONIA AVE SUITE # 405</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Andrew L. Herskowitz* **1/3/02** **305-529-1411**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)