

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90076 019 \*\*\*150.00

**DOCUMENT # L52615**

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



Principal Place of Business  
**C/O BI-COASTAL PROPERTY MANAGEMENT INC.  
250 CATALONIA AVE SUITE #405  
CORAL GABLES FL 33134  
US**

Mailing Address  
**C/O BI-COASTAL PROPERTY MANAGEMENT INC.  
250 CATALONIA AVE SUITE #405  
CORAL GABLES FL 33134  
US**



2. Principal Place of Business

3. Mailing Address

4. FEI Number  
**C/O Bi-Coastal Property Mgmt.**

**C/O Bi-Coastal Property Mgmt.**

CHECK HERE IF MAKING CHANGES

City & State  
**9099 SW 77th Ave.  
Miami, FL 33156**

City & State  
**9099 SW 77th Ave.  
Miami, FL 33156**

4. FEI Number  
**65-0175231**

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

**HERSKOWITZ, ANDREW  
C/O BI-COASSTAL PROPERTY MANAGEMENT INC.  
250 CATALONIA AVE SUITE #405  
CORAL GABLES FL 33134**

Name  
Street Address  
**C/O Bi-Coastal Property Mgmt.  
9099 SW 77th Ave.  
Miami, FL 33156**

City Zip Code  
**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Delete  
NAME **HERSKOWITZ, MARLA**  
STREET ADDRESS **250 CATALONIA AVE SUITE #405**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
NAME **C/O Bi-Coastal Property Mgmt.**  
STREET ADDRESS **9099 SW 77th Ave.**  
CITY-ST-ZIP **Miami, FL 33156** *vice president*

TITLE **VST**  Delete  
NAME **HERSKOWITZ, ANDREW**  
STREET ADDRESS **250 CATALONIA AVE SUITE #405**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
NAME **C/O Bi-Coastal Property Mgmt.**  
STREET ADDRESS **9099 SW 77th Ave.**  
CITY-ST-ZIP **Miami, FL 33156** *president secretary treasurer*

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/6/03**

DAYTIME PHONE # **305-596-9988**

CR2E034 (10/02)