

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001237

1. Entity Name
INTERCOASTAL PROPERTY SERVICES LLC

Principal Place of Business
10390 SANTA MONICA BLVD., SUITE #400
LOS ANGELES CA 90025-5058

Mailing Address
10390 SANTA MONICA BLVD., SUITE #400
LOS ANGELES CA 90025-5058

FILED

01 MAY 30 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 99-9049021

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BERGER, SHELDON P**
STREET ADDRESS **10390 SANTA MONICA BLVD., SUITE #400**
CITY-ST-ZIP **LOS ANGELES CA 90025-5058**

☐ Change ☐ Addition
300004429903--7
-06/19/01--01071--005
*******50.00 *****50.00**

TITLE **MGR** ☐ Delete
NAME **ROBERTS, DAVID**
STREET ADDRESS **947 TIVERTON AVENUE**
CITY-ST-ZIP **LOS ANGELES CA 90024**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/17/01

310-277-0057

Date

Daytime Phone #

CR2E083 (11/00)