

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N38566**

1. Entity Name

COASTAL RESEARCH & EDUCATION, INC.

Principal Place of Business

Mailing Address

14630 S.W. 144 TERRACE

14630 S.W. 144 TERRACE

MIAMI
33186

FL

MIAMI
33186

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0235563

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTELLO CARMEN, J.D.
2950 S.W. 87TH AVENUEMIAMI
33165

US

FL

Name

CASTELLO CARMEN J.D.

Street Address (P.O. Box Number is Not Acceptable)
2950 S.W. 87TH AVENUECity
MIAMI

FL

Zip Code
33165

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 **CARMEN CASTELLO****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Change	Addition
D	CHANDLER JUDY	14374 138 AVE	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	ROBERT CALLAHAN	15053 SW 142 CT.	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
D	SCHRAFT JUDY	325 CRESCENT DR	WEST PALM BEACH	FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	LINDEMAN KENYON	14630 SW 144 TERRACE	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
S	CASTELLO CARMEN	2950 SW 87 AVENUE	MIAMI	FL 33165	<input type="checkbox"/>	<input type="checkbox"/>
D	BAKER, KANE	1246 NORTHLAKE WAY	PALM BEACH	FL	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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 like empowered.

SIGNATURE: KENYON C. LINDEMAN

P D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)