FOR PROFIT CORPORATION Metor **UNIFORM BUSINESS REPORT (UBR)** Coastal Financial Corporation FILED 02 MAY -6 PM 4: 24 DO NOT WRITE IN THIS SPACE SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address 501 Golden Isles Davi 501 Golden Isles Drive Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 206 Hallandale, Florida City & State Applied For 65-0978233 Not Applicable Country 33009 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Hochman DO NOT WRITE IN THIS SPACE City N. Miami FL Zip Code 8. The above named entity megt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fe (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. President Francis M. Tocker 7172 SW 22 Place TITLE NAME NAME 200005556022---05/17/02--01004--020 STREET ADDRESS STREET ADDRESS CR2E034B CITY-ST-7IP CITY-ST-ZIP Davie, FL 33317 \*\*\*\*300.00 \*\*\*\*300.00 Secretary Francis M. Tucker 7172 SW 22 Place TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\_ Davie, FL 33317 CITY-ST-ZIP TITLE Treasurer Francis M. Tucker 7172 SW 22 Place TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Davie, FL 33317 CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered. B541 458-376 4-30 OC SIGNATURE:

Pogozof.

## COASTAL FINANCIAL CORPORATION LICENSED CORRESPONDENT LENDER 501 GOLDEN ISLES DRIVE, SUITE 206 HALLANDALE BEACH, FLORIDA 33009 Phone (954) 458-3747 Fax (954) 458-3746

**April 30, 2002** 

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Coastal Financial Corporation Business Annual Report

To whom it may concern,

As per our conversation of today, we are requesting you please wave the reinstatement fee for our corporation.

Last year we filed via discover card on-line, due to the fact that we did not receive an annual report, at that time we input the change of address. We attempted to file on-line for this years annual report and it would not allow us, it was showing as inactive. After speaking with your office they advised us to request a waiver of the reinstatement fee, along with a check for \$300.00 which will cover \$150.00 for 2001 & \$150.00 for 2002. We will try to obtain evidence from discover, however that will take some time.

Thank you for all your help.

Sincerely,

Frank Tucker

President

encl: Corporate reinstatement form & UBR form.