2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 10, 2001 8:00 am Secretary of State

DOCUMENT# PUUUUUU02923 1. Entity Name COASTLINE COMMUNITY GROUP, INC.				05-15-2001 90109 007 ***150.00			
OOAGILINE GONAMONIT GROOT, I	110,	/	(1 4)				
Principal Place of Business 255 PALM AVENUE MIAMI BEACH FL 33139	Mailing Address 255 PALM AVENUE MIAMI BEACH FL 33139			•	·		
					I JAN 21 01 2012 1111 1111 1	HAAT IRI HAAD	
3. Principal Place of Business 8720 N. Keudell Dr. #	3. Mailing Address				EN TÎN ENT NOT HAT		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State Mirowi FLA	City & State			FEI Number - 102031-7=	· · · · · · · · · · · · · · · · · · ·	oplied For	
Zip Country	Zip	Zip Country		5 Certificate of Status Desired \$8.75 Additional			
5319-6 /USIA 6. Name and Address of Curren	Registered Agent	·		Name and Address of New Re	Fee Requin	BG	
BISCHOFF, RICHARD J ESQ. BISCHOFF & ASSOCIATES, P.A. 100 S.E. 2ND STREET TWENTY EIGH	T FLOOR	- Namo	HANG	ON NUMBER IS NAMED (SOL)	R #/14		
HIPPIN 1C WIST		City	Mior	11, FLA	FL Zz	76	
The above named entity submits this statement I SIGNATURE Signature, typed or physicians of relatities of order. Signature, typed or physicians or relatities of order. Signature, typed or physicians or relatities of order.	MIVI	registered office o		1//3	ga. DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW! After MAY 1, 20 Make Check Payab	•	550.00 It of State	10. Election Campaign Fina Trust Fund Contribution.	Adde	00 May Be d to Fees	
11. OFFICERS AND	DIRECTORS Delete	12.	D	DITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR		
MUELLER, HANS C STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139		NAME STREET ADDRESS CITY-ST-ZIP		sw. 114 lare mulifica 33/	76	Addition	
TITLE NAME MR. Vormes Q. M. STREET ADDRESS CITY-ST-ZIP M. A. J. S.	Menil Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAM!	of Kalle Da water DA. # nolCoAls Fly	□ Change 7-D 3 33/33	Addition	
TITLE MANIE STREET ADDRESS CITY-ST-ZIP TTLE MANIE TAMES TA	Alvage Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1380 6280		07	Addition	
TITLE NAME STREET ADDRESS 22 AT S. W ind Plan	Delete Per	TITLE NAME STREET ADDRESS	Diplot	in Motson	Change	Addition	
CITY-ST-ZIP MININI FLA	7 33/43	CITY-ST-ZIP	7+6	onl CARL FL	4 33146	- Addition	
NAME STREET ADDRESS 7000 W. 62 Br CITY-ST-ZIP WLYTTHE	Chappy Delete Let 400 1 7 3/43	NAME STREET ADDRESS CITY-ST-ZIP	07/01/2 1113	Dearson N.C. 926 Aug	Change	Addition	
NAME STREET ADDRESS CITY-ST-71P Description Concerns Concerns Compal Contents	Delete Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Norum 3206/	m fourl Intercourse 41. FLA 33,38	Change	Addition	
13. I hereby certify that the information supplied with indicated on this report or supplemental report in of the corporation or the receiver or trustee emp changed, or on an attachment with an address.	n this filling does not qualify for s tue and accurate and ther m owered to executaths report a with all other like empowered.	the exemption stat y signature shall h is required by Cha	ted in Section to ave the same to upter 607, Florid	19.07(3)(i), Florida Statutes. I fi egal effect as if made under oa da Statutes; and that my name i	urther certify that the ith; that I am an office appears in Block 11 o	information r or director or Block 12 if	