

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90079 046 ***150.00

DOCUMENT # P00000062923

1. Entity Name
FLORIDA COASTLINE COMMUNITY GROUP, INC.

Principal Place of Business

**8720 N KUDALL DRIVE
 #114
 MIAMI FL 33176**

Mailing Address

**8720 NORTH KENDALL DRIVE
 SUITE 114
 MIAMI FL 33156**

2. Principal Place of Business

8720 N Kendall Drive

Suite, Apt. #, etc.

#114

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

33176

4. FEI Number

65-1020317

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MUELLER, HANS C
 8720 N KUDALL DRIVE
 #114
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8720 N. Kendall Dr.

#114

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MUELLER, HANS C**
 STREET ADDRESS **255 PALM AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
 NAME **MERRILL, JAMES J**
 STREET ADDRESS **2539 S. BAYSHORE DRIVE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **ALVANGE, MIMI TERESA**
 STREET ADDRESS **83203 N 74TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **DT** ☐ Delete
 NAME **EISERMON, JURGEN**
 STREET ADDRESS **7300 SW 62ND PLAZA**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Delete
 NAME **FILDMAN, LARWNC**
 STREET ADDRESS **7000 SW 62BD AVENUE #400**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Delete
 NAME **COREENBUG, PATRICIA**
 STREET ADDRESS **999 PONCE DE LEON BLVD, #900**
 CITY-ST-ZIP **MIAMI FL 33134**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Merrill, James C**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Alvarez, Maria Teresa**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Eisermann, Juergen**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Feldman, Lawrence**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Greenberg, Patricia**
 STREET ADDRESS
 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 Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02

Date

305-555-2828

Daytime Phone #

CR2E034 (9/01)