

2001 UNIFORM BUSINESS REPORT (UBR)

5/9

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-09-2001 90003 039 ***158.75

DOCUMENT # P00000078206

1. Entity Name

INTRACOASTAL ADMINISTRATION, INC.

Principal Place of Business

**900 OSCEOLA DRIVE
SUITE 222
W. PALM BEACH FL 33409**

Mailing Address

**900 OSCEOLA DRIVE
SUITE 222
W. PALM BEACH FL 33409**

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

65-1033325

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIGOA, MIRTO
900 OSCEOLA DRIVE
SUITE 222
W. PALM BEACH FL 33409**

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 signatures are 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOOVER, KAREN	
STREET ADDRESS	282 BARCELONA DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIGOA, MIRTO	
STREET ADDRESS	1800 EMBASSY DRIVE, #105	
CITY-ST-ZIP	W. PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHADO, ISRAEL	
STREET ADDRESS	13887 CITRUS GROVE BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, MANOLO	
STREET ADDRESS	13796 BARBERRY DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRTO VIGOA**4/4/01****561-683-1211**

Daytime Phone #

CR2E034 (10/00)