

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90348 037 ***150.00

DOCUMENT # P0000082227

1. Entity Name
COASTLINE FUNDING, INC.

Principal Place of Business
2080 CONEY ISLAND AVE #400
BROOKLYN NY 11223

Mailing Address
2080 CONEY ISLAND AVE #400
BROOKLYN NY 11223

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 **11-3564107**

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

COMPLIANCE CONSULTING CORPORATION OF FLORIDA
DA
407 S. DIXIE HWY STE 5
LAKE WORTH FL FL334-60

*New Address **
521 LAKE AVE SUITE 4
LAKE WORTH FL 33460

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, LEO 25 HASTINGS LAGUNA NIGUEL CA 92677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLIN, VALERY 37 CORBIN PLACE BROOKLYN NY 11235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOGAN, RADISLAV 2820 OCEAN PKWY APT 19B BROOKLYN NY 11235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7/1/02
 Date

Daytime Phone # _____

CR2E034 (4/02)

Attachment
#P00000082227
2036/

BRIAN L. FRIEDMAN, C.P.A., P.C.
1120 OLD COUNTRY ROAD
PLAINVIEW, NEW YORK 11803

TEL: 516-935-4565

FAX: 516-935-3851

JULY 12, 2002

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: COASTLINE FUNDING INC., 2002 UNIFORM BUSINESS REPORT.

TO WHOM IT MAY CONCERN:

ENCLOSED IS THE 2002 UNIFORM BUSINESS REPORT FOR THE YEAR 2002 FOR
COASTLINE FUNDING INC. ALONG WITH CHECK NUMBER 3103 IN THE AMOUNT OF \$ 150.

I RESPECTFULLY REQUEST THAT THE ADDITIONAL ASSESSMENT OF \$ 400 BE WAIVED.
THIS IS THE FIRST FILING OF THIS FORM FOR MY CLIENT. MY CLIENTS STATES THAT
THEY NEVER RECEIVED THE ORIGINAL FORM AND WAS THEREFORE UNAWARE THAT
THE FORM AND PAYMENT WAS REQUIRED.

IN ADDITION, IF THIS FORM IS MAILED TO THE REGISTERED AGENT, IT MAY BE THAT
THE FORM DID GET LOST IN THE MAIL. THE ADDRESS OF THE REGISTERED AGENT
HAS BEEN CHANGED AS IS NOTED ON THE UNIFORM BUSINESS REPORT.

NOW THAT MY CLIENT AND I AM AWARE OF THIS FILING REQUIREMENT, I WILL MAKE
SURE THAT THIS FORM IS FILED ON A TIMELY BASIS IN THE FUTURE.

RESPECTFULLY,



BRIAN L FRIEDMAN, CPA