

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90357 002 ***158.75

DOCUMENT # P00000116608

1. Entity Name

INTERCOASTAL REAL ESTATE, INC.

Principal Place of Business

Mailing Address

9900 W. Sample Rd.
 Suite 300
 Coral Springs FL
 33065

c/o Gorecki
 5899 NW 47 Place
 Coral Springs FL
 33067

2. Principal Place of Business

9900 W. Sample
 Suite 300

3. Mailing

c/o Gorecki 5899 NW 47
 Suite, Apt. #, etc. PL.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL
 33065

City & State

Coral Springs FL
 33067

4. FEI Number

65-1064547

Applied For

Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBROW DUKER & ASSOCIATES PA
 2832 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Zoe Gorecki

Street Address (P.O. Box Number in Not A...)

5899 NW 47 PL

City

Coral Springs FL

Zip Code

33067

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

Zoe Gorecki

Zoe Gorecki

4-23-01

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

X

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORECKI, ZOE	
STREET ADDRESS	7414 PINWALK DRIVE SOUTH	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BACHEMIN, JAY S	
STREET ADDRESS	7414 PINWALK DRIVE SOUTH	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PAINTER, DANIELLE L	
STREET ADDRESS	7414 PINWALK DRIVE SOUTH	
CITY-ST-ZIP	MARGATE FL 33063	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gorecki, Zoe	
STREET ADDRESS	5899 NW 47 PL	
CITY-ST-ZIP	Coral Springs FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Zoe Gorecki

4-23-01

Date

Daytime Phone #

954-796-1872

CR2E034 (10/00)