2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000021273 **DOCUMENT #**

1. Entity Name

NEW COAST INTERNATIONAL CORP.

FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90451 004 ***150.00

Principal Pla 4857 N.W. 72 MIAMI FL 33		Mailing Address 4857 N.W. 72ND AVENUE MIAMI FL 33166			'	0000	V T		
2. Principal	Place of Business	3. Mailing Address				/ IN F	IBBN IKBNI INDIA		
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City & State			4. FEI Number 65	5-1079918	<u></u>	pplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Sta	tus Desired	\$8.75 Ad Fee Require	ditional	
6. Name and Address of Current Registered Age					7. Name and Address of New Registered Agent				
				Name					
Vasadi, : 4857 n.W	simon /. 72nd avenue		Street Address			(P.O. Box Number is Not Acceptable)			
Miami Fl	33166		_		1-74-3			·	
			-	City		FL	Zip Cod	le	
8. The above	e named entity submits this statement for	or the purpose of changing	g its registered	d office or registere	ed agent, or both, in the	ne State of Florida. I am fa	amiliar with,	and accept	
irie obliga	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent						···		
		and title if applicable. (a	NOTE: Hegistered	Agent signature required v	when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Campaign Financing d Contribution.		0 May Be	
10.					ADDITIONS	OFO TO OFFICERS AND			
TITLE	P /	Delete			ADDITIONS/CHAN	GES TO OFFICERS AND			
NAME*	VASADI, SIMON	Delete	NAME				☐ Change	☐ Addition	
STREET ADDRESS	4857 N.W. 72ND AVENUE	STREE		ADDRESS					
CITY-ST-ZIP	MIAMI FL 33166		CITY-S	IT- ZIP					
title Name		☐ Delete	TITLE	-			☐ Change	Addition	
STREET ADDRESS			, NAME SIRFET	ADDRESS					
CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME				ondinge	L_I Addition	
STREET ADDRESS CITY-ST-ZIP				ADDRESS					
			CITY-ST	T-ZIP					
TITLE NAME		☐ Delete	TITLE			!	Change	☐ Addition	
STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME			•			
STREET ADDRESS SITY-ST-ZIP	1			ADDRESS					
			CITY-ST	r-ZIP					
TITLE NAME		☐ Delete	TITLE	1		١	Change	☐ Addition	
TREET ADDRESS			NAME STREET A	ADDRESS					
CITY-ST-ZIP			CITY-ST	l					

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: