

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91351 036 ***185.00

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DOCUMENT # P01000046852

1. Entity Name
COASTAL ENCOUNTERS, INC.



Principal Place of Business
**1500 MIAMI CENTER
201 S. BISCAYNE BLVD., Suite 1500LN
MIAMI FL 33131**

Mailing Address
**1500 MIAMI CENTER
201 S. BISCAYNE BLVD., Suite 1500LN
MIAMI FL 33131**



2. Principal Place of Business
Suite, Apt. #, etc.
Suite 1500LN
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
Suite 1500LN
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-111156**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOSTRO, LOUIS
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Louis Nastro**
Street Address (P.O. Box Number is Not Acceptable)
728 Catalonia Avenue
City **Coral Gables** FL Zip Code **33134**

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 **Louis Nastro**

DATE **4/14/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURIN, ROBERT LOUIS 1500 MIAMI CENTER MIAMI FL 33131	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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: **Robert Laurin** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #
SHUTTS 80096214
&
BOWEN
LLP

ATTORNEYS AND COUNSELLORS AT LAW

LOUIS NOSTRO
DIRECT LINE (305) 379-9164
FLORIDA BAR BOARD CERTIFIED
IN THE AREAS OF TAXATION
WILLS, TRUSTS & ESTATES

EMAIL ADDRESS:
LNOSTRO@SHUTTS-LAW.COM

April 24, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: **Coastal Encounters, Inc.**
2003 For Profit Corporation Uniform Business Report (UBR)
Document Number: P01000046852

Dear Division:

I enclose for filing the 2003 Uniform Business Report (UBR) for Coastal Encounters, Inc., along with a check for \$185 (to include the \$150 filing fee and \$35 for the change of registered agent).

Please contact me if you have any questions. Thank you for your assistance.

Sincerely,

Louis Nostro
Louis Nostro *LN*

Enclosures

MIADOCS 594772.1 SLB