

COASTLINE MANAGEMENT, INC

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PD1000007746**
 1. Entity Name **Coastline Management Corporation**

FILED

02 JAN 25 AM 11:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4345 SW 74th Terrace
DAVID, FL 33314

2. Principal Place of Business 3. Mailing Address
4345 SW 74th Ter **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **DAVID, FL** City & State
 Zip **33314** Country **Broward** Zip Country

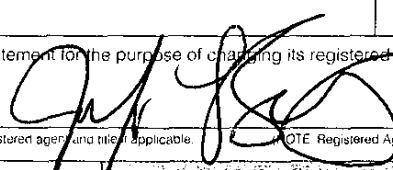
4. FEI Number **65-1141272** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Jennifer L. Scott
4345 SW 74th Terrace
DAVID, FL 33314

7. Name and Address of New Registered Agent
 Name **SAMP**
 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  **12/4/01**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

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

11. OFFICERS AND DIRECTORS

TITLE President	NAME Jennifer Scott	☒ Delete
STREET ADDRESS 4345 SW 74th Terrace	CITY-ST-ZIP DAVID, FL 33314	
TITLE CEO	NAME Anibal Ortiz	☒ Delete
STREET ADDRESS 5500 SW 8th St.	CITY-ST-ZIP Plantation, FL 33317	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	NAME Anibal Rodriguez	☐ Change ☒ Addition
STREET ADDRESS 5500 SW 8th St.	CITY-ST-ZIP 22217 (President)	
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS 4345 SW 74th Terrace	CITY-ST-ZIP DAVID, FL 33314	
TITLE Stock Holder	NAME Jennifer Scott	☐ Change ☒ Addition
STREET ADDRESS 5500 SW 8th St.	CITY-ST-ZIP Plantation, FL 33317	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (11/00)