

03-19-2003 90141 006 ***158.75

POI 000067796

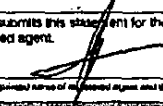
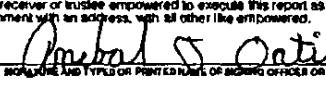
FILED

03 MAR 28 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00032495

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000067796			
1. Entity Name COASTLINE MANAGEMENT, CORPORATION			
Principal Place of Business 4345 SW 74TH TERRACE DAVIE, FL 33314		Mailing Address 4345 SW 74TH TERRACE DAVIE, FL 33314	
2. Principal Place of Business 5500 SW 8 th Street Suite, Apt. #, etc.		3. Mailing Address 5500 SW 8 th Street Suite, Apt. #, etc.	
City & State Plantation, Florida		City & State	
Zip 33317		Country	
4. Name and Address of Current Registered Agent SCOTT, JENNIFER 4345 SW 74 TERR DAVIE, FL 33314		7. Name and Address of New Registered Agent Name: Anibal F. Ortiz Street Address (P.O. Box Number is Not Acceptable) 5500 SW 8 th Street City: Plantation, FL Zip: 33317	
5. 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 		DATE 3-12-03	
FILE NOW!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SH	NAME SCOTT, JENNIFER STREET ADDRESS 4345 SW 74TH TERRACE CITY-ST-ZIP DAVIE, FL 33314	☒ Delete	
TITLE PSH	NAME RODRIGUEZ, ANIBAL STREET ADDRESS 5500 SW 8 ST CITY-ST-ZIP PLANTATION, FL 33317	☐ Delete	☒ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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 embossed.			
SIGNATURE: 		DATE 03/12/03	

CH2E034 (10/02)

Page 2 of 2

The signature
on corporation papers
PO1000067794
belongs to
Arntal Ortho