

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90210 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089577

1. Entity Name

COAST COMMUNICATION & MULTI-SERVICE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10008 W FLAGLER ST

Suite, Apt. #, etc.

3. Mailing Address

10008 W FLAGLER ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33174

Country

USA

City & State

MIAMI, FL

Zip

33174

Country

USA

4. FEI Number

03-0377410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FREDDY ECHEVERRY

Street Address (P.O. Box Number is Not Acceptable)

5419 WEST 22ND COURT

City

HIALEAH

FL

Zip Code

33016

**DO NOT WRITE
IN THIS SPACE**

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

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
P/S/T	FREDDY ECHEVERRY	5419 WEST 22ND CT	HIALEAH, FL 33016
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/30/02

Date

(305) 225-1955

Daytime Phone #

Attachment
978835

Miami, Florida, August 30, 2002

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O.BOX 6327
Tallahassee, Florida, 32314

RE: COAST COMMUNICATION & MULTI-SERVICE CORPORATION

Dear Sirs:


Thank you for the application for Profit Corporation Uniform Business Report (UBR) recently requested by us.

We never received from your any form that reminds us to make renewal and payment.

Please, remove any penalty that it may apply on this matter.

Awaiting for your response.

Sincerely yours,


Freddy Echeverry, President of
Coast Communication & Multi-Service Corp.