

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90657 021 ***150.00

DOCUMENT # P92000012709

1. Entity Name

SUNCOAST CAPITAL GROUP, INC.

Principal Place of Business

1751 W CYPRESS CREEK
 FT LAUDERDALE FL 33309
 US

Mailing Address

1751 W CYPRESS CREEK
 FT LAUDERDALE FL 33309
 US

2. Principal Place of Business

None (Liquidated)

3. Mailing Address

clo CRAFT, 17130 Arvida Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

One A

City & State

City & State

Weston, FL

Zip

Country

Zip

Country

33326

USA

4. FEI Number

65-0375337

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZWICK, DAVID A
 1751 W CYPRESS CREEK RD
 FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Todd Cohen

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

clo CRAFT

17130 Arvida Parkway, Suite One A

City

Weston

FL

Zip Code
 33326

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VSTD
 ZWICK, DAVID
 1751 W CYPRESS CREEK RD
 FT LAUDERDALE FL 33309

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 COHEN, TODD
 1751 W CYPRESS CREEK RD
 FT LAUDERDALE FL 33309

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 COOPER, PETER
 1751 W CYPRESS CREEK RD
 FT LAUDERDALE FL 33309

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Same
 clo CRAFT
 17130 Arvida Parkway, Suite One A
 Weston, FL 33326
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Same
 clo masfine Financial
 5900 N. Andrews Ave, Suite 299
 Ft. Lauderdale, FL 33309
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(877) 272-1977

CR2E034 (9/01)