## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P92000012709

Entity Name: SUNCOAST CAPITAL GROUP, INC.

FILED May 01, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

C/O CRA FUND C/O CRA FUND

17130 ARVIDA PARKWAY, ONE A 1830 MAIN STREET #204 WESTON, FL 33326 WESTON, FL 33326

**Current Mailing Address:** New Mailing Address:

C/O CRA FUND C/O CRA FUND

1830 MAIN STREET #204 17130 ARVIDA PARKWAY, ONE A WESTON, FL 33326 UŚ WESTON, FL 33326

FEI Number: 65-0375337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, TODD COHEN, TODD C/O CRÁ FUND C/O CRÁ FUND

17130 ARVIDA PARKWAY, ONE A 1830 MAIN STREET #204 WESTON, FL 33326 US WESTON, FL 33326 US

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: 05/01/2003

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete

(X) Change ( ) Addition COHEN, TODD COHEN, TODD Name: Name:

C/O CRA FUND, 17130 ARVIDA PKWY, ONE A Address: Address:

C/O CRA FUND, 1830 MAIN STREET #204

City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326

( ) Delete Title: Title: () Change () Addition

COOPER, PETER Name: Name: C/O MEDIFUN FIN, 5900 N ANDREWS AVE, #299 Address: Address: FT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD J. COHEN **PRES** 05/01/2003