

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032343

1. Entity Name

EAST COASTLINE, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90381 038 \*\*\*150.00

Principal Place of Business

404 WASHINGTON AVE  
120  
MIAMI BEACH FL 33139

Mailing Address

404 WASHINGTON AVE  
120  
MIAMI BEACH FL 33139-6651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0493923

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, BRIAN A  
THOMSON, MURARO, RAZOOK & HART  
ONE SE 3RD AVE, 17TH FLOOR  
MIAMI FL 33131

Name

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS  
NAME NEE, M.  
STREET ADDRESS 404 WASHINGTON AVE, STE 120  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE President, Director  
NAME ☒ Change ☐ Addition

TITLE PD  
NAME KRAMER, THOMAS  
STREET ADDRESS 404 WASHINGTON AVE, STE 120  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE AS  
NAME COLONNESE, CATHERINE F  
STREET ADDRESS 404 WASHINGTON AVE, STE 120  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE Vice President, Secretary  
NAME ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE Vice President  
NAME Michael A. Bernstein  
STREET ADDRESS 404 Washington Ave - Suite 120  
CITY-ST-ZIP Miami Beach, Florida 33139 ☐ Change ☒ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)