

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010278

1. Entity Name

COASTAL NETWORK REALTY CORP.

Principal Place of Business

101 N OCEAN DR
213
HOLLYWOOD FL 33019
US

Mailing Address

101 N OCEAN DR
213
HOLLYWOOD FL 33019
US

2. Principal Place of Business

20035 Palm Island Dr.
Suite, Apt. #, etc.

3. Mailing Address

20035 Palm Island Dr.
Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33498

Country

City & State

Boca Raton, FL

Zip

33498

Country

4. FEI Number

65-0644163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORNITZER, THOMAS
345 W OAKLAND PARK BLVD
FT LAUD FL 33311

7. Name and Address of New Registered Agent

Name Steven Friedman, ESS.
Street Address (P.O. Box Number is Not Acceptable)

LAW OFFICES OF STEVEN FRIEDMAN
235 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FLORIDA 33024

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

Steven Friedman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/20/01

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, 2001 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 P ☐ Delete
NAME KORNITZER, THOMAS
STREET ADDRESS 20035 PALM ISLAND DR
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ Delete
NAME KORNITZER, BETTY
STREET ADDRESS 20035 PALM ISLAND DR
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Pres Thomas Kornitzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

561-482-2324

Daytime Phone #

C0054952



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

WS32101