

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90491 015 \*\*\*150.00

**DOCUMENT # P97000002916**

1. Entity Name

**EAST COAST MANAGEMENT GROUP OF SOUTH FLORIDA, IN**

Principal Place of Business

6981 TAFT STREET  
HOLLYWOOD FL 33023  
US

Mailing Address

6981 TAFT ST  
HOLLYWOOD FL 33023  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 802**

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

Zip

**33061**

Country

**US**

4. FEI Number **65-0723674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HAM, ANGELITA  
1272 CAMELIA LN  
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **Katharine Greene**

Street Address (P.O. Box Number is Not Acceptable)  
**2621 NE 4th Street**

City **Pompano Beach**

**FL**

Zip Code  
**33062**

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

**Katharine Greene, PSD**

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

(NOTE: Registered Agent signature required when reinstating)

**3/15/01**

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, 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	PSD	<input type="checkbox"/> Delete
NAME	SIMMONS, KATHARINE L	
STREET ADDRESS	6981 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	HAM, ANGELITA	
STREET ADDRESS	P.O. BOX 561778 N/A	
CITY-ST-ZIP	MIAMI FL 33256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greene, Katharine L	
STREET ADDRESS	P.O. Box 802	
CITY-ST-ZIP	Pompano Beach, FL 33061	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greene, John C, Jr	
STREET ADDRESS	P.O. Box 802	
CITY-ST-ZIP	Pompano Beach, FL 33061	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Katharine Greene**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/01**

Date

**(954) 782-7820**

Daytime Phone #

CR2E034 (10/00)

0109557