

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051805

1. Entity Name

FLORIDA COASTAL MORTGAGE, INC.

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90053 049 ***150.00

Principal Place of Business

Mailing Address

1795 NE 164TH ST
STE 116
NO MIAMI BEACH FL 33162
US

1795 NE 164TH ST
STE 116
NO MIAMI BEACH FL 33162
US

2. Principal Place of Business

825 NE 199th St

3. Mailing Address

825 NE 199th St

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0764759

Applied For

Not Applicable

Zip

33179

Country

Dade

Zip

33179

Country

Dade

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

ROTH, MITCHEL W
16549 NE 6TH AVE.
N. MIAMI BEACH FL 33162

Name

VICKI K. ATLAS

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

825 NE 199 Street #108

City

MIAMI

FL

Zip Code

33179

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

Vicki K. Atlas
VICKI K. ATLAS, President

February 16, 2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------|----------------------------|----------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| DP | ATLAS, VICKI | 825 NE 199TH ST., UNIT 108 | MIAMI FL 33179 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Vicki K. Atlas

Vicki K. Atlas (Pres)

2/16/01

(305)652-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)