

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91211 006 \*\*\*150.00

**DOCUMENT # P97000051805**

**1. Entity Name**  
**FLORIDA COASTAL MORTGAGE, INC.**

**Principal Place of Business**  
**825 NE 199TH STREET**  
**108**  
**MIAMI FL 33179**  
**US**

**Mailing Address**  
**825 NE 199TH STREET**  
**108**  
**MIAMI FL 33179**  
**US**

**2. Principal Place of Business**  
**827 NE 199th Street**

**3. Mailing Address**  
**827 NE 199th Street**

**Suite, Apt. #, etc.**  
**104**

**Suite, Apt. #, etc.**  
**104**

**City & State**  
**Miami, FL**

**City & State**  
**Miami, FL**

**Zip**  
**33179**

**Country**  
**US**

**Zip**  
**33179**

**Country**  
**US**

**4. FEI Number** **65-0764759**

**Applied For**  
☐ **Not Applicable**

**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
<b>ATLAS, VICKI K</b>	<b>Name</b>
<b>825 NE 199TH STREET</b>	<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>827 NE 199th Street</b>
<b>108</b>	<b>#104</b>
<b>MIAMI FL 33179</b>	<b>Miami FL 33179</b>

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <b>ATLAS, VICKI</b> <b>825 NE 199TH ST., UNIT 108</b> <b>MIAMI FL 33179</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <b>827 NE 199th Street #104</b> <b>Miami, Florida 33179</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**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* **April 28, 2002** **305-652-7111**

**Vicki K. Atlas** **Date** **Daytime Phone #**

CR2E034 (9/01)