

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008295

1. Entity Name

EAST COAST FINANCIAL PARTNERS, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90093 043 ***150.00

Principal Place of Business

Mailing Address

4801 S UNIVERSITY DR
205
DAVIE FL 33328
US

4801 S UNIVERSITY DR
205
DAVIE FL 33328-3837
US

2. Principal Place of Business

3. Mailing Address

4801 S UNIVERSITY DR

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

219

City & State
DAVIE, FLA

City & State

4. FEI Number 65-0873494

Applied For

Not Applicable

Zip

Country

Zip

Country

33328

BROWARD

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

NEWTON, CAROL
4801 S UNIVERSITY DR
SUITE 205
DAVIE FL 33328

Name CAROL NEWTON

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

4801 S UNIVERSITY DR

219

City DAVIE, FLA

FL

Zip Code 33328

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

Carol Newton

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

(NOTE: Registered Agent signature required when reinstating)

4/10/2000

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 PS
NAME NEWTON, CAROL
STREET ADDRESS 4801 S UNIVERSITY DR #205-219
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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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:

SIG CAROL NEWTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000 954-680-3113

Date

Daytime Phone #

CR2E034 (9/99)