

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90193 037 ***150.00

DOCUMENT # P98000058986**1. Entity Name**
FIRST COAST REAL STATE HOLDING COMPANY**Principal Place of Business**
C/O AMIR SABET
73 S. ROSCO RD.
PONTE VEDRA FL 32082**Mailing Address**
C/O AMIR SABET
73 S. ROSCO RD.
PONTE VEDRA FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3519844

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****SABET, AMIR**
73 S ROSCOE BLVD
PONTE VEDRA FL 32082

Name

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

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. I am familiar with and accept the obligations of registered agent.**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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** **P** ☐ Delete
NAME **SABET, AMIR**
STREET ADDRESS **73 S ROSCOE BLVD**
CITY-ST-ZIP **PONTE VEDRA FL 32082****TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

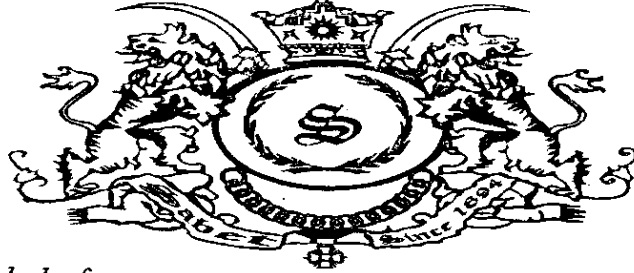
Date

Daytime Phone #

7/10/02 (9.4) 285-0725

CR2E034 (4/02)

Attachment
Doc # 9980055 8986



From the desk of...
Amir Sabet

To whom it may concern:

I did not receive the prior
notice, Please be kind and
waive the late fee.

Enclosed, \$150.00 filing fee.

A handwritten signature in black ink, consisting of a stylized 'A' followed by a horizontal line.