## 2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT# <b>P990000</b> L COAST, INC.	OEUCE.	يًا إِنَّ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ الْحَالَةِ ا	<u>.</u>		_	Secret	ary (	of Sta 28 ***150.0	te	
% ELENORE W	IORE DR., SUITE 6A	Mailing Address  * ELENORE WALKER 2901 S. BAYSHORE DR SUITE 6A MIAMI FL 33133									
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt.	<del></del>	Suite, Apt. #, etc.			· ·	. ئ		VRITE IN THIS	S SPACE	_ <del>~</del>	
City & Stat	le	City & State			<b>4</b> . F	El Number	65-0920	488	<u> </u>	oplied For	
331	33 Country USA	Zip Country			5. Certificate of Status Desired						
	6. Name and Address of Current F	Registered Agent		Name	7. N	ame and A	ddress of Ne	w Registered	Agent		
TERMINELLO, LOUIS J ESQ. TERMINELLO & TERMINELLO, P.A.				Street Address (P.O. Box Number is Not Acceptable)							
2700 S.W. 37TH AVE. MIAMI FL 33133					<del></del>						
				City FL Z					Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing it	is register	ed office or reg	gistered age	ent, or both	, in the State of	Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature re	equired when rei	nstating)	<u>.</u>	DATE		<del></del>	
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW	/!!! FEE	IS \$150.00			tion Campaign	Financino	\$5.0	<b>0</b> May Be	
i			, 2001 Fee will be \$550.00 yable to Department of Stat			Trus	t Fund Contribu	ution.	Added	I to Fees	
11.	OFFICERS AND D		12.		ADI	OITIONS/C	HANGES TO C	FFICERS AN	ID DIRECTORS Change	S IN 11	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	KRESLER, SHELDON L 1000 SOUTH OCEAN BOULEVAR POMPANO BEACH FL 33062	□ Delete		ET ADDRESS	700 196 LA	_	CAN BI	LUD :	#/Y\ 3 3 44-	7	
TITLE	D	☐ Delete	TITLE	E	. 77	3F			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1000 COCAT COLDAT BOOKETAIN			ETADDRESS 2901 S BM Store M. FA ST-ZIP MIAMI FL 33133							
TITLE	P	☐ Delete	TITLE			·		<u>, , , , , , , , , , , , , , , , , , , </u>	Change	Addition	
NAME STREET ADDRESS	MALTEN, KAREN 1000 SOUTH OCEAN BLVD #15H	ŀ	NAM! STRE	E ET ADDRESS	2901	5	BAYS	lon a	21. 6,	A	
CITY-ST-ZIP	POMPANO BEACH FL 33082	<u> </u>		- ST ZIP	MAN		=	3312	3		
TITLE .	VP	☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS	WALKEN, ELENORE 2901 SOUTH BAYSHORE DRIVE	15A	NAM STRE	ET ADDRESS						}	
CITY-ST-ZIP	MIAMI FL 33133		CITY	-ST-ZIP							
TITLE NAME		☐ Delete	TITLE		<u> </u>				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		1					
TITLE		☐ Delete	TITLE					<u>.</u> .	☐ Change	☐ Addition	
NAME	<b>.</b>		NAME							ĺ	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
indicated of the corp	pertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyor on an attachment with an address, with a packet.	rue and accurate and that vered to execute this repor	my signat t as requir	ture shall have	the same le	gal effect a	as if made unde	er oath; that !	am an officer	or director	