

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90011 034 ***150.00

DOCUMENT # P99000051164

1. Entity Name

ATLANTIC COAST BUILDING AND DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

2500 E HALLANDALE BEACH BLVD STE 800
 HALLANDALE FL 33009

2500 E HALLANDALE BEACH BLVD STE 800
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

1851 NW 125 Ave

1851 NW 125 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State

City & State

Pembroke Pines FL

Pembroke Pines FL

Zip

Country

Zip

Country

33008

USA

33008

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGALL, SANDY S

**2500 E HALLANDALE BEACH BLVD STE 800
 HALLANDALE FL 33009**

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.

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 \$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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SEGALL, SANDY S**
 CITY-ST-ZIP **2500 E HALLANDALE BEACH BLVD STE 800
 HALLANDALE FL 33009**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BOROJERDI, PIROOZ**
 CITY-ST-ZIP **2500 E HALLANDALE BEACH BLVD STE 800
 HALLANDALE FL 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

954-437-1400

Daytime Phone #

CR2E034 (10/00)