

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90083 014 ***150.00

0088058

DOCUMENT # S39624

1. Entity Name

COASTLINE COMMUNICATIONS, CORP.

Principal Place of Business

2500 E. HALLANDALE BCH BLVD.
 SUITE 800
 HALLANDALE FL 33009
 US

Mailing Address

2500 E. HALLANDALE BCH BLVD.
 SUITE 800
 HALLANDALE FL 33009
 US

758937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1851 NW 125 Ave.

3. Mailing Address

1851 NW 125 Ave.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0258610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SEGALL, SANDY SLYVAN
 2500 E HALLANDALE BCH BLVD
 SUITE 800
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **HERING, DONALD F**
 STREET ADDRESS **5320 SW 34TH AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
 NAME **SEGALL, SANDY SYLVAN**
 STREET ADDRESS **2500 E. HALLANDALE BCH BLVD.**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)