

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90372 013 ***150.00

DOCUMENT # V01400

1. Entity Name
BI-COASTAL PROPERTY MANAGEMENT INC.

Principal Place of Business

5733 RIVIERA DRIVE
CORAL GABLES FL 33146
US

Mailing Address

5733 RIVIERA DRIVE
CORAL GABLES FL 33146
US

2. Principal Place of Business

BI-COASTAL PROPERTY MANAGEMENT INC.
250 CATALONIA AVE SUITE # 405
CORAL GABLES FL 33134

BI-COASTAL PROPERTY MANAGEMENT INC.
250 CATALONIA AVE SUITE # 405
CORAL GABLES FL 33134

City & State

Zip

Country

US

Zip

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0305238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSKOWITZ, ANDREW L
5733 RIVIERA DR.
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

SAME

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

C/O BI-COASTAL PROPERTY MANAGEMENT INC.

250 CATALONIA AVE SUITE # 405

City

CORAL GABLES FL 33134

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, 2002 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 **P** ☐ Delete
NAME **HERSKOWITZ, ANDREW L**
STREET ADDRESS **5733 RIVIERA DRIVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **BI-COASTAL PROPERTY MANAGEMENT INC.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **250 CATALONIA AVE SUITE # 405**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (9/01)