

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-24-2002 90372 015 ***150.00

DOCUMENT # V03817

1. Entity Name
JEROB PROPERTIES, 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

3. Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0305196

Applied For
 Not Applicable

Zip Country **US**

Zip Country **US**

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

HERSKOWITZ, ANDREW L
 5733 RIVIERA DRIVE
 CORAL GABLES FL 33146

Name
 Street Address **BI-COASTAL PROPERTY MANAGEMENT INC.**
250 CATALONIA AVE SUITE # 405
CORAL GABLES FL 33134
 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 *Andrew Herskowitz* **1/3/02**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC HERSKOWITZ, ANDREW L 5733 RIVIERA DRIVE CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERSKOWITZ, MARLA 5733 RIVIERA DR CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HERSKOWITZ, JEROME 430 CAMPANA CORAL GABLES FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERSKOWITZ, BERNARD 1320 S DIXIE HIGHWAY, SUITE 940 CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERSKOWITZ, KENNY 1320 S DIXIE HIGHWAY, SUITE 940 CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE ADDRESS ONLY BI-COASTAL PROPERTY MANAGEMENT INC. 250 CATALONIA AVE SUITE # 405 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BI-COASTAL PROPERTY MANAGEMENT INC. 250 CATALONIA AVE SUITE # 405 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Andrew Herskowitz* **1/3/02** **305-529-1411**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)