2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

G29393

LAND CAP PROPERTY SERVICES, INC.



FILED May 02, 2003 8:00 am g Secretary of State

05-02-2003 90246 008 ***150.00

Mail FL 3186 US Suite Agr. # cec. CHECK Hather IF MAKING CHANGES													
Sulfo, Apt. 4, clo. City & State Country Zip City FL Zip Zip Zip Zip Zip Zip Zip Zi	13800 SW 144 AVE RD MIAMI FL 33186			13800 MIAMI	13800 SW 144 AVE RD MIAMI FL 33186								
City & State City & State City & State City & State Country C	2. Principal P	Place of Busin	ess	3. Mai	ling Address						ileli bibii bibii 1	1811 513 11 1881	
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Apolitocals Fee Required Pee Required Status Stat	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
SUITS, STEPHEN E. 10435 S.W. 127TH PL. MIAMI FL 33186 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Footias. I am familier with, and accept the obligations of registered agent, or both, in the State of Footias. I am familier with, and accept the obligations of registered agent agent agent agent agent and itself apentative. **FILE NOW!!! FEE IS \$150.00 **Anter May 1, 2003 Fee will be \$550.00 **Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS*** **In above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Footids. I am familier with, and accept the obligations of registered agent, or both, in the State of Footids. I am familier with, and accept the obligations of registered agent	City & State	e		City	City & State			4. FEI Number 59-2365136			├ ─- ├ ─-		
SUITS, STEPHEN E. 10435 S.W. 127TH PL. MIAMI FL 33186 City FL Zip Code	Zip	Country			Zíp (Country		tificate of Status Desired				
SUITS, STEPHEN E. 10435 S.W. 127TH PL. MIAMI FL 33186 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I run familiar with, and scoept the obligations of registered agent. SIGNATURE 1. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check republic to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE NAME SUITS, STEPHEN E. 10435 S.W. 127TH PL. 10445 S.W. 127TH PL. 10455 S.W.		6. Name	and Address of Cu	rrent Registere	Registered Agent			7. Name and Address of New Registered Agent					
10435 S.W. 127TH PL MAMI FL 33186 City FL Zip Code		· · · · · · · · · · · · · · · · · · ·			<u></u>		Name						
10435 S.W. 127TH PL MAMI FL 33188 City FL Zip Code	SUITS, ST	EPHEN E.			Current Andreas			(RO. Boy Number is Not Assentable)					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	10435 S.W	V. 127TH PI	_		Street Addres			P.O. Box I	Number is Not Acceptable)				
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR	MIAMI FL	33186											
THE Obligations of registered agent. SIGNATURE Signature. Typical or printed name or registered agent and store if applicable. MOTE Registered Agent segnature required when rentainting DATE							City			FL	Zip Cod	e	
Signature, Vised or printed name of registance daper and the it applicable. (NOTE Registance) Appert signature reduced when member(s) DATE				nent for the purp	ose of changing its	registered	office or register	red agent,	, or both, in the State of Flor	ida. I am	familiar with,	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITERET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS	SIGNATURE .	Signature, typed	or printed name of registere	d agent and title if app	licable. (NOT)	E: Registered A	gent signature required	i when reinsta	ating)	DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SITRET ADDRESS 10435 S.W. 127TH PL. TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME N													
TITLE NAME SITRET ADDRESS (CITY-ST-ZIP) TITLE NAME STREET ADDRESS (CITY-ST-ZIP) ADDRESS (CITY-ST-ZIP) TITLE NAME STREET ADDRESS (CITY-ST-ZIP) ADDRESS (CITY-ST-ZIP) TITLE NAME STREET ADDRESS (CITY-ST-ZIP) ADDRESS (C	After	r May 1, 200	3 Fee will be \$55	0.00						~ ,			
NAME STREET ADDRESS CITY-ST-ZIP TITLE TD SUITS, NANCY S. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE O Delete TITLE O Delete O Addition O Addition O Addition O Addition O Change O Addition O Change O Addition O Additi	10.		OFFICERS	AND DIRECTO	RS	11.		ADDIT	IONS/CHANGES TO OFFIC	CERS AN	D DIRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE TD SUITS, NANCY S. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete O Delete TITLE O Delete O DELE					Delete	TITLE				•	Change	Addition	
CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE O DEL	NAME					NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. 127TH PL.										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRES	TITLE				□ Dolete	DILE		_				☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT			NCY S.		Delete								
TITLE						STREET	ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete	CITY-ST-ZIP	MIAMI FL				CITY-S	T-ZIP						
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE	TITLE				☐ Delete	TITLE					☐ Change	Addition	
CITY-ST-ZIP	NAME					NAME							
TITLE							I						
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY	CITY-SI-ZIP					CITY-SI	I-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBlete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T					☐ Delete		İ				Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition	1					1	ADDOCCC						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE							I						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE	TITLE					TITLE					☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition						NAME	j				•	{	
TITLE Delete TITLE Change Addition													
	CITY-ST-ZIP					CITY-ST	- ZIP	_					
NAME NAME	1				☐ Delete						☐ Change	☐ Addition	
ATTIC													
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP							,						
		ortific the -t -'	information	od saiste stein stille :	does not over the co			otion 110	07(2)(i) Florido Circ + 1:	in methodo	ا - داد همماه راهاوس		
12. Thereby 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 trueter empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	indicated	on this repor	t or supplemental re	port is true and	accurate and that n	nv signatur	e shall have the s	same lega	al effect as if made under oa	ith: that	am an officer	or director	

SIGNATURE:

Daytime Phone #