

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90087 012 \*\*\*150.00

DOCUMENT # 345897

1. Entity Name

CAPITAL ASSURANCE SERVICES, INC.

Principal Place of Business

55 ALHAMBRA PLAZA  
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 149061  
CORAL GABLES FL 33114-9061

2. Principal Place of Business

2333 Ponce de Leon Blvd

3. Mailing Address

Suite, Apt. #, etc.

300

City & State  
Coral Gables, FL

City & State

Zip

33134

Country

USA

Zip

Country

4. FEI Number 59-0582259

Applied For

Not Applicable

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

MARSHALL, JOHN D  
C/O CAPITAL ASSURANCE SERVICES INC  
55 ALHAMBRA PLAZA  
CORAL GABLES FL 33134

Name

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

2333 Ponce de Leon Blvd. #300

City Coral Gables

FL

Zip Code 33134

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 CDV ☐ Delete  
NAME BERTH MAAS  
STREET ADDRESS 55 ALHAMBRA PLAZA  
CITY-ST-ZIP CORAL GABLES FL

TITLE TSD ☐ Delete  
NAME RODRIGUEZ, MARTHA  
STREET ADDRESS 55 ALHAMBRA PLAZA  
CITY-ST-ZIP CORAL GABLES FL

TITLE DP ☐ Delete  
NAME MARSHALL, JOHN D.  
STREET ADDRESS 55 ALHAMBRA PLAZA  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☒ Delete  
NAME NANCY P. GORDON  
STREET ADDRESS 55 ALHAMBRA PLAZA  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ Delete  
NAME BERGENSTJERNA, JOHAN  
STREET ADDRESS 55 ALHAMBRA PLAZA  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2333 Ponce de Leon Blvd. #300  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☒ Change ☐ Addition  
NAME T/S/O/V  
STREET ADDRESS 2333 Ponce de Leon Blvd. #300  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2333 Ponce de Leon Blvd. #300  
CITY-ST-ZIP Coral Gables, FL 33134

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2333 Ponce de Leon Blvd. #300  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☒ Addition  
NAME S Mercedes Lopez  
STREET ADDRESS 2333 Ponce de Leon Blvd. #300  
CITY-ST-ZIP Coral Gables, FL 33134

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 #

4/25/01 (305) 461-7400

ext. 7301

CR2E034 (10/00)