

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 582277

1. Entity Name

CAPITAL ASSURANCE COMPANY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90223 015 ***150.00

Principal Place of Business

Mailing Address

55 ALHAMBRA PLAZA
CORAL GABLES FL 33134

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1847174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, JOHN D
CAPITAL ASSURANCE COMPANY INC
55 ALHAMBRA PLAZA
CORAL GABLE FL 33134

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, 2000 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 CVD
NAME BERTH MAAS
STREET ADDRESS 55 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Coral Gables, FL 33114

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

TITLE TSD
NAME
STREET ADDRESS
CITY-ST-ZIP Coral Gables, FL 33114 ☒ Change ☐ Addition

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

TITLE DP
NAME
STREET ADDRESS
CITY-ST-ZIP Coral Gables, FL 33114 ☒ Change ☐ Addition

TITLE DV ☒ Delete
NAME FRED K. ELLIS
STREET ADDRESS ONE EXCHANGE PLAZA, 28TH FLOOR
CITY-ST-ZIP NEW YORK NY

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

TITLE DS
NAME GORDON, NANCY P.
STREET ADDRESS 55 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP Coral Gables, FL 33114 ☒ Change ☐ Addition

TITLE DP ☒ Delete
NAME MARIA L. RODRIGUEZ-SCOTT
STREET ADDRESS 55 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☐ Addition
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:

Martha Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(305) 461-7301

Daytime Phone #

CR2E034 (9/99)