2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90087 014 ***150.00

DOCUMENT # 582277

1. Entity Name
CAPITAL ASSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
55 ALHAMBRA PLAZA CORAL GABLES FL 33134	P.O. BOX 149061 CORAL GABLES FL 33114-9061 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2333 Ponce de Leon Blvd.	
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33134 Country: USA	Zip Country

4. FEI Number 59-1847174 ☐ 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 CAPITAL ASSURANCE COMPANY INC 55 ALHAMBRA PLAZA CORAL GABLE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CVD BERTH MAAS 55 ALHAMBRA PLAZA CORAL GABLES FL 33114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2333 Ponce de Leon Blvd. #300 Coral Gables FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD RODRIGUEZ, MARTHA 55 ALHAMBRA PLAZA CORAL GABLES FL 33114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D/V ☒ Change ☐ Addition 2333 Ponce de Leon Blvd. #300 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARSHALL, JOHN D 55 ALHAMBRA PLAZA CORAL GABLES FL 33114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2333 Ponce de Leon Blvd. #300 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON, NANCY P. 55 ALHAMBRA PLAZA CORAL GABLES FL 33114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2333 Ponce de Leon Blvd. #300 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Johan Bergenstjerna 2333 Ponce de Leon Blvd. #300 Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Mercedes Lopez 2333 Ponce de Leon Blvd. #300 Coral Gables, FL 33134 ☐ Change ☒ Addition

CR2E034 (10/00)

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 R. 4/25/01 (305)461-7400 ext. 7301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTHA RODRIGUEZ