

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90556 049 ***150.00

DOCUMENT # 582277

1. Entity Name
CAPITAL ASSURANCE COMPANY, INC.

Principal Place of Business
2333 PONCE DE LEON BLVD #300
CORAL GABLES FL 33134

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



2. Principal Place of Business
2333 Ponce de Leon Blvd.

3. Mailing Address
P.O. Box 149061

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33114

Country
USA

Zip
33114-9061

Country
USA

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

MARSHALL, JOHN D
2333 PONCE DE LEON BLVD. #300
CORAL GABLE FL 33134

7. Name and Address of New Registered Agent

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 N/A
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	CVD	<input type="checkbox"/> Delete
NAME	BERTH MAAS	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300	
CITY-ST-ZIP	CORAL GABLES FL 33114	
TITLE	TSDV	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARTHA	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300	
CITY-ST-ZIP	CORAL GABLES FL 33114	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MARSHALL, JOHN D	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300	
CITY-ST-ZIP	CORAL GABLES FL 33114	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, NANCY P.	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300	
CITY-ST-ZIP	CORAL GABLES FL 33114	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGENSTJERNA, JOHAN	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOPEZ, MERCEDES	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #300	
CITY-ST-ZIP	CORAL GABLES FL 33134	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3/22/02 (305) 461-7400 ext. 7301
Date Daytime Phone #

0190789 AV

CR2E034 (9/01)