2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 599792 1. Entity Name CAPITAL UNDERWRITERS, INC.					FILED Mar 02, 2000 8:00 an Secretary of State 03-02-2000 90189 009 ***150.00			
Principal Place of Business 182 NW LEJUENE RD STE 441 AIAMI FL 33126 JS		Mailing Address SA WIE S-A WIE S-SOUTHERN MANGIONS REALTY: INC. 782 NW 42 AVE., STE. 441 MIAMI FL 33126-5549), ((() 14) (())) ((14)
2. Principal Place of Business 782 NW LE MR RO Suite, Apt. #, etc.		3. Mailing Address Seme Suite, Apt. #, etc.				ITE IN THIS SF		
£ 44/	e 01	City & State		4.	FEI Number 59-188842		Ар	plied For
<u>MIAM/</u> 3312	- F/9 C Country DSA	Zip	Country	5.	Certificate of Status Desired	\$	8.75 Add	
1)12	6. Name and Address of Current	Registered Agent		7.	Name and Address of New			
			Nāme"					
LUIS, AGUSTIN O SR 2115 COUNTRY CLUB PRADO CORAL GABLES FL 33134			Street	Street Address (P.O. Box Number is Not Acceptable)				
			City	•		FL	Zip Code	e
8. The above	named entity submits this statement for	or the purpose of changing its	s registered office of	r registered ag	gent, or both, in the State of F	lorida.		
Tax filing re (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	After MAY 1, 20 Make Check Paya	·	550.00 t of State	10. Election Campaign F Trust Fund Contributi	on.	Added	May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PS LUIS, AGUSTIN O. SR 2115 COUNTRY CLUB PRADO CORAL GABLES FL 33134	DIRECTORS	12. TITLE NAME STREET ADDRESS CITY - ST - ZIP		DDITIONS/CHANGES TO OF		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUIS, OFELIA 2115 COUNTRY CLUB PRADO CORAL GABLES FL 33134	X Qelete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Partice VP 2/15 C Coval	antly elub Pl Gables, Fla. 3	n as nadu 3134	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P 79051 2115 0 00111	in pituis, nountry alubit Gubes, Fla.	Jr-10 137/34	Change _	Addition
TITLE VAME Street Address City-st-zip		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				Change	Addition
TITLE Name Street address City-st-zip		🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
title Name Street address City-st-zip			TITLE NAME STREET ADDRESS CITY-ST-ZIP			i	Change	Addition
indicated of the cor	certify that the information supplied wit on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that powered to execute this repor	my signature shall t as required by Ch	have the same	legal effect as it made unde	r oath: that I an	n an officer Block 11 or	or airector r Block 12 if