

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000811

1. Entity Name

LPS CAPITAL, LTD.

Principal Place of Business

~~699 SOUTH FEDERAL HIGHWAY, FOURTH FLOOR~~
~~FORT LAUDERDALE FL 33301~~

Mailing Address

~~699 SOUTH FEDERAL HIGHWAY, FOURTH FLOOR~~
~~FORT LAUDERDALE FL 33301-3164~~

2. Principal Place of Business

1975 E Sunrise Blvd
Suite, Apt. #, etc.
Suite 725

3. Mailing Address

P.O. Box 4137
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33304

Country

Zip

33338

Country

4. FEI Number

65-0835532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKINSON, ANTHONY J III

~~699 SOUTH FEDERAL HIGHWAY, FOURTH FLOOR~~
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

1115 SE 6th St

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

Anthony J. Parkinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/00

DATE

9. Capital Contributions
as Shown on record.

\$49,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 119,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000029556
NAME LPS CAPITAL, INC.
STREET ADDRESS 1149 NORTH FEDERAL HIGHWAY
CITY - ST - ZIP FORT LAUDERDALE FL 33304

DOCUMENT #
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CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1975 E Sunrise Blvd, Suite 725

CITY - ST - ZIP

Ft. Lauderdale, FL 33304

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Anthony J. Parkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/12/00 954-524-2000

Daytime Phone #

001085 AF

CF2E003 (9/99)

FILED

00 MAY 18 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE