

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90109 006 \*\*\*150.00

**DOCUMENT # F01000001801**

1. Entity Name

**CAP PRO BROKERAGE SERVICES, INC.**

Principal Place of Business

**220 SOUTH SIXTH STREET, SUITE 245  
 MINNEAPOLIS MN 55402**

Mailing Address

**220 SOUTH SIXTH STREET, SUITE 245  
 MINNEAPOLIS MN 55402**

2. Principal Place of Business

**220 S. 6TH ST. SUITE 245**

3. Mailing Address

**220 S. 6TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 900**

**SUITE 900**

City & State

City & State

**MINNEAPOLIS, MN.**

**MINNEAPOLIS, MN**

Zip

Country

Zip

Country

**55402**

**USA**

**55402**

**USA**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, DOUGLAS D</b>	
STREET ADDRESS	<b>1944 PENN AVE. SOUTH - UNIT 1</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55405</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GEORGE, CARL RAY</b>	
STREET ADDRESS	<b>711 HIGHVIEW ROAD</b>	
CITY-ST-ZIP	<b>EAST PEORIA IL 23233</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KIES, HOWARD J</b>	
STREET ADDRESS	<b>12919 FOX MEADOW DRIVE</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23233</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>O'CONNOR, NEIL J</b>	
STREET ADDRESS	<b>5495 FOLEY ROAD</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ORLANDO, FRANK P</b>	
STREET ADDRESS	<b>93 COUNTRY CLUB ROAD</b>	
CITY-ST-ZIP	<b>SUGAR LOAF PA 18249</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIMONSEN, ERIC A</b>	
STREET ADDRESS	<b>6 APPLE TREE LANE</b>	
CITY-ST-ZIP	<b>BARRINGTON RI 05806</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLAS D. WRIGHT</b>	
STREET ADDRESS	<b>560 W. 43RD ST., APT. 408</b>	
CITY-ST-ZIP	<b>NEW YORK, NY 10036</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRETT L. PRAGER</b>	
STREET ADDRESS	<b>17 OAK HILL ROAD</b>	
CITY-ST-ZIP	<b>SHUT HILLS, NJ 07078</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL W. HALVISH</b>	
STREET ADDRESS	<b>933 MAPLES LANE</b>	
CITY-ST-ZIP	<b>WOODBRIDGE, IL 60517</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**

Date

**612-215-3500**

Daytime Phone #

CR2E034 (9/01)



ATTACH # FO10000001801/645495

April 23, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: 2002 Uniform Business Report-Cap Pro Brokerage Services, Inc.**

Dear Sir or Madam:

Please find enclosed the 2002 Uniform Business Report for the above-referenced Broker/Dealer. Also enclosed is a check in the amount of 150.00 representing the required fee.

Should you have any questions or if you require additional information, please do not hesitate to contact me at 612-215-3526.

Very truly yours,

A handwritten signature in black ink, appearing to read "Carlo DiNatale", is written over a horizontal line.

Carlo DiNatale  
Licensing & Registration Analyst

Enclosures:

220 South Sixth Street  
Suite 245  
Minneapolis, MN 55402-4505  
Phone: (612) 215-3500  
Fax: (612) 215-3480  
www.CapitalCPA.com