

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90227 039 ***158.75

DOCUMENT # F96000001131

1. Entity Name

MORTGAGE CAPITAL SOLUTIONS, INC.

Principal Place of Business

8259 N MILITARY TRAIL
 #2
 PALM BCH GDNS FL 33410
 US

Mailing Address

8259 N MILITARY TRAIL
 #2
 PALM BCH GDNS FL 33412-1576
 US

2. Principal Place of Business

8637 Falcon Green Drive
 Suite, Apt. #, etc.

3. Mailing Address

8637 Falcon Green Drive
 Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

04-3295226

Applied For

Not Applicable

Zip

33412

Country

Palm Beach

Zip

33412

Country

Palm Beach

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

GARFIELD, LEONARD H.
 8637 FALCON GREEN DR
 WPB, FL
 DELRAY BEACH FL 33412

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

Leonard H. Garfield

Leonard H. Garfield

1/13/00

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, 2000 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 CPT ☐ Delete
 NAME GARFIELD, LEONARD H
 STREET ADDRESS 8637 FALCON GREEN DR
 CITY-ST-ZIP WPB FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME GARFIELD, MARY E
 STREET ADDRESS 8637 FALCON GREEN DR
 CITY-ST-ZIP WPB FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME APOSTOLICA, WILLIAM
 STREET ADDRESS 172 NEWBURY ST
 CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME CLANCY, BRIAN
 STREET ADDRESS 21 MOHAWK DR
 CITY-ST-ZIP ACTON MA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME SLOTNICK, AMY
 STREET ADDRESS 29 PAYSON RD
 CITY-ST-ZIP BROOKLINE MA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Leonard H. Garfield

Leonard H. Garfield 1/13/00 561-626-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)