

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000001776**1. Entity Name
UNICAPITAL CORPORATION

Principal Place of Business	Mailing Address
C/O UNICAPITAL CORP	C/O UNICAPITAL CORP
10800 BISCAYNE BLVD. STE 800	10800 BISCAYNE BLVD. STE 800
MIAMI FL	MIAMI FL
33161 US	33161 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0788314

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**SKYWATCH REGISTERED AGENTS, INC.**
10800 BISCAYNE BLVD., LAW DEPT.
SUITE 800
MIAMI FL
33161 US**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 _____ **04/18/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	BROWN SCOTT	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLISTRA VINCE	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHRIVER ANTHONY K	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN STEVE	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	D	<input type="checkbox"/> Delete
NAME	EADES VINCENT W	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAIT DANIEL M	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	D	<input type="checkbox"/> Delete
NAME	LEDECKY JONATHAN J	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAA MICKAEL	
STREET ADDRESS	1805 MADERA CANYON PLACE	
CITY-ST-ZIP	LAS VEGAS NV 89128	

TITLE	DP	<input type="checkbox"/> Delete
NAME	CAUFF STUART	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPE JOSEPH	
STREET ADDRESS	10399 DANNER DRIVE	
CITY-ST-ZIP	STREETSBORO OH 44241	

TITLE	CCEO	<input type="checkbox"/> Delete
NAME	NEW ROBERT J	
STREET ADDRESS	10800 BISCAYNE BLVD, SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE	CCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDDELL E.	
STREET ADDRESS	10800 BISCAYNE BLVD, SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

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: Teri M. Trimmer

AS

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

DAVID VORRATH, VICE PRESIDENT
10800 BISCAYNE BLVD., STE. 800

MIAMI, FL 33161

TERI TRIMMER, ASSISTANT SECRETARY
10800 BISCAYNE BLVD., STE. 800

MIAMI, FL 33161

MARTIN KALB, SECRETARY
10800 BISCAYNE BLVD., STE. 800

MIAMI, FL 33161

ALBERT MINK, CHIEF ACCOUNTING OFFICER
10800 BISCAYNE BLVD., STE. 800

MIAMI, FL 33161