

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002376

1. Entity Name

CFF CAPITAL, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90002 022 ***150.00

Principal Place of Business

3885 SO. DECATUR BLVD., SUITE 2010
 LAS VEGAS NV 89103

Mailing Address

3885 SO. DECATUR BLVD., SUITE 2010
 LAS VEGAS NV 89103-5873

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SANTORO, THOMAS C
 1700 WELLS ROAD, SUITE 5
 ORANGE PARK FL 32073

4. FEI Number

88-0397302

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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, 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

TITLE	PSDT	☐ Delete
NAME	MORTERA, GLORIA	
STREET ADDRESS	182 LIRIO AVENUE	
CITY-ST-ZIP	BARRIGADA HEIGHTS, GUAM	
TITLE	D	☐ Delete
NAME	CAMP, DAVID	
STREET ADDRESS	3885 SO. DECATUR BLVD., SUITE 2010	
CITY-ST-ZIP	LAS VEGAS NV 89103	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSDT	☒ Change ☐ Addition
NAME	MORTERA, GLORIA	
STREET ADDRESS	3885 SO. DECATUR BLVD STE 2010	
CITY-ST-ZIP	LAS VEGAS, NV 89103	
TITLE	MV	☒ Change ☐ Addition
NAME	CAMP, DAVID	
STREET ADDRESS	3885 SO. DECATUR BLVD. STE 2010	
CITY-ST-ZIP	LAS VEGAS, NV 89103	
TITLE	D	☐ Change ☒ Addition
NAME	M. FLORITA CAMP	
STREET ADDRESS	3885 SO. DECATUR BLVD STE 2010	
CITY-ST-ZIP	LAS VEGAS, NV 89103	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(f), 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:

David B. Camp DAVID B. CAMP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(904) 443-0362

Daytime Phone #

CR2E034 (9/99)