

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90514 002 \*\*\*150.00

**DOCUMENT # H70507**

1. Entity Name  
**CAPITAL REPORTING SERVICE, INC.**



Principal Place of Business  
**888 SOUTH 3RD AVE S.E. 3rd Ave**  
**STE. 500A**  
**FT LAUDERDALE FL 33316**

Mailing Address  
**888 SOUTH 3RD AVE S.E. 3rd Ave**  
**STE. 500A**  
**FT LAUDERDALE FL 33316**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**888 SE. 3rd Ave**

3. Mailing Address  
**888 S.E. 3RD AVE**

Suite, Apt. #, etc.  
**Suite 500A**

Suite, Apt. #, etc.  
**Suite 500A**

City & State  
**FT. LAUDERDALE, FLORIDA**

City & State  
**FT. LAUDERDALE FL**

4. FEI Number  
**59-2561899**

Applied For  
☐ Not Applicable

Zip  
**33316**

Country  
**BROWARD**

Zip  
**33316**

Country  
**BROWARD**

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

**TODD, RENEE.**  
**11373 NW 49 DR**  
**CORAL SPGS FL 33076**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RENEE Todd, President**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**1/15/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE- NAME STREET ADDRESS CITY-ST-ZIP	VP ZABENY, LOUIS 11373 NW 49 DRIVE CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT TODD, RENEE 11373 NW 49 DRIVE CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIEB, LISA 5582 NW 125 TERRACE CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TODD, SAMANTHA 11373 NW 49 DR CORAL SPRING FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **RENEE Todd, Pres** **1/15/03** **954-522-6401**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)