2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58962 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name CAPITAL RESOURCES GROUP, INC. 04-22-2000 90013 036 ***158.75 Mailing Address Principal Place of Business 5425 TENTH FAIRWAY DRIVE 5425 TENTH FAIRWAY DRIVE DELRAY BEACH FL 33484-7827 **DELRAY BEACH FL 33484** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. EEI Number City & State 59-2774716 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KADIN, FRED M Street Address (P.O. Box Number is Not Acceptable) 5425 TENTH FAIRWAY DRIVE **DELRAY BEACH FL 33484** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE ☐ Change TITLE KADIN, FRED M. NAME NAME STREET ADDRESS 5425 TENTH FAIRWAY DR., #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33484** ☐ Change ☐ Addition ☐ Delete TITLE TITLE KADIN, CHRISTINE NAME STREET ADDRESS STREET ADDRESS 5425 TENTH FAIRWAY DR., #3 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33484 ☐ Change ☐ Addition ☐ Delete TITLE TITLE KADIN, CHRISTINE NAME NAME STREET ADDRESS STREET ADDRESS 5425 TENTH FAIRWAY DR., #3 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33484** Change Addition Delete TITLE KADIN, FRED M NAME NAME STREET ADDRESS 5425 TENTH FAIRWAY DR., #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33484** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS

13. Thereby certify that the information supplied with this filling 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 distered employee 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. of the corporation or the receiver or Justee emp changed, or on an attachment with an address.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SECRETARY / TREASORER 4-13-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI