2001-UNIFOR	M BUSINES	S REPORT	· (UBF
OCUMENT#	1,00000013	1227	

DOCUMENT # L0000013332 1. Entity Name					FILED				
CAPITAL	NETWORKS, LLC			, *	1UL 10	1-5 AM	7:41		
			ж,		SECRE	TARY OF S	TATE		
Principal Place of Business Mailing Address				TALLAH	assee.fl	ORIDA	4		
767 SOUTH STATE ROAD 7. SUITE 20 767 SOUTH STATE RO MARGATE FL 33068 MARGATE FL 33068		767 SOUTH STATE ROAI MARGATE FL 33068	D 7. SUITE 20						
2. Principal Place of Business		3. Mailing Address 2141 Nowth University Drive							
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2 / 5		DO NOT WRITE IN THIS SPACE					
City & State		City & State	<u> </u>		xr .10x.1215				plied For ot Applicable
Zip	Country	Zip 33071	Count		5. Certificate of Status I			00 Add	litional
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Address	of New Registe			
				_Name			<u></u>		
	AWRENCE	· -	İ	Street Address (P.O. Box Number is Not Ac	cceptable)			
	ITH STATE ROAD 7, SUITE 20		ł		`				
MARGATI	E FL 33068		}	City			FL Z	Zip Code	•
9. The above	named entity submite this statement f	for the nurnose of changing its	registere	d office or register	ed agent or both in the Si				
G. THE ADOVE	Finance equity sounds this state herit	or the purpose of changing its	Togistoro	a onice or register	ed agent, or both, in the Si		10.1	,	Ì
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable (NOT	F Registered	Agent signature required	When reinstating)	4	1/16/C	<u>, </u>	
- · · ·		<u> </u>	<u> </u>			<u>_</u>			
•	· · · · · · · · · · · · · · · · · · ·	Make Check Pa		EE.IS.\$50.00. Department of		-			•
9.	MANAGING MEME	BERS/MEMBERS	10.		ADI	DITIONS/CHAN	IGES		
TITLE	PRESIDENT	☐ Delete	TITLE					Change	☐ Addition
NAME	LAWRENCE BELLO	1 A 1 1 - 1 (m 10	NAME						
STREET ADDRESS CITY-ST-ZIP	2141 N. UNIVENSIT		STREE CITY-	T ADORESS					ļ
TITLE	COURTSPRINGS, F1-	3 30 7/ □ Delete	TITLE	51-21		· · · · · · · · ·	П.	Change	Addition
NAME		LJ Delete	NAME	}			_		
STREET ADDRESS			STREE	T ADDRESS	6009	06/15/01	238		<u> </u>
CITY-ST-ZIP	·		CITY-	ST-ZIP		*****50.	∞ نازن	***	šō.lo_
TITLE		☐ Delete	TITLE					Change	Addition
NAME Street address	لرسيد من سيست د ي		NAME STREE	T ADDRESS			-	saar a sa Santa	
CITY-ST-ZIP		garage of the second	CITY-	I	2 40				
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS City-St-Zip			CITY-S	T ADDRESS ST-ZIP					
TITLE	<u> </u>	☐ Delete	TITLE					Change	Addition
NAME			NAME				- `	•	
STORT ADDRESS City) St-Zip	1		STREET CITY-S	TADORESS ST-ZIP	_	· · · · · · · · · · · · · · · · · · ·		<u>. </u>	}
**		☐ Delete	TITLE					hange .	☐ Addition
NAME Street address			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	1					

11. 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 is true and apparate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Description 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and apparate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Date

Description Priorie 4

4/16/01

954 60 93892 Daytime Phone #