

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90017 039 ****50.00

DOCUMENT # L01000016416

1. Entity Name
CAPITAL PLUS MORTGAGE, LLC

Principal Place of Business

**3640 YACHT CLUB DR. #205
 AVENTURA FL 33180**

Mailing Address

**3640 YACHT CLUB DR. #205
 AVENTURA FL 33180**

2. Principal Place of Business

3598 YACHT CLUB DRIVE

Suite, Apt. #, etc.

#1703

3. Mailing Address

3598 YACHT CLUB DR.

Suite, Apt. #, etc.

#1703

City & State

AVENTURA, FLORIDA

City & State

AVENTURA, FLORIDA

Zip
33180

Country

Zip

33180

Country

4. FEI Number

65-1131616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KAPLUS, ROSALYN
 3640 YACHT CLUB DR. #205
 AVENTURA FL 33180**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE
MGRM ☐ Delete
 NAME
KAPLUS, ROSALYN
 STREET ADDRESS
3640 YACHT CLUB DR. #205
 CITY-ST-ZIP
AVENTURA FL 33180

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
MGRM ☒ Change ☐ Addition
 NAME
KAPLUS ROSALYN
 STREET ADDRESS
3598 YACHT CLUB DR. #1703
 CITY-ST-ZIP
AVENTURA FLORIDA 33180

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 accurate 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: Rosalyn Kaplus

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

1/23/02 305931-1220

Date

Daytime Phone #

CR2E083 (9/01)