

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021646

1. Entity Name

AMERIFUND CAPITAL GROUP, LLC



**FILED**

03 JAN 27 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1900 S. OCEAN BLVD.

3. Mailing Address

1900 S. OCEAN BLVD.

Suite, Apt. #, etc.

PHD

Suite, Apt. #, etc.

PHD

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City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

4. FEI Number

65-1159065

Applied For  
Not Applicable

Zip

33062

Country

USA

Zip

33062

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JEFFREY SPANIER

Street Address (P.O. Box Number is Not Acceptable)

123 W. LEE RD

City

DELRAY BEACH

FL

Zip Code

33445

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM, PRESIDENT  
NAME: SPANIER, JEFFREY  
STREET ADDRESS: 123 W. LEE RD  
CITY-ST-ZIP: DELRAY BEACH, FL 33445

TITLE: MGRM, CEO, TREASURER, SECRETARY  
NAME: WOLFMAN, MICHAEL P.  
STREET ADDRESS: 1900 S. OCEAN BLVD PHD  
CITY-ST-ZIP: POMPANO BEACH, FL 33062

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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:

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

MICHAEL P. WOLFMAN

JAN 17, 2003

854.941-2204

Date

Daytime Phone #

CR2E083B (12/02)