

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92176 013 ****50.00

DOCUMENT # L02000012777

1. Entity Name

NATIONWIDE CAPITAL PARTNERS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12101 NW 5TH STREET

Suite, Apt. #, etc

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

4. FEI Number

81-0554663

Applied For

Not Applicable

Zip

Country

33325

Zip

Country

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

**Name
JOSEPH LUCAS**

**Street Address (P.O. Box Number is Not Acceptable)
12101 NW 5TH STREET**

**City
PLANTATION**

FL

**Zip Code
33325**

**DO NOT WRITE
IN THIS SPACE**

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

4/14/03

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**MEMBER
JOSEPH LUCAS
12101 NW 5TH STREET
PLANTATION, FL 33325**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**MEMBER
KEVIN HARMS
10341 NW 12TH PLACE
PLANTATION, FL 33322**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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

Date

Daytime Phone #

4/14/03

954-747-7004

CP-2E0835 (12/02)