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## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an

SIGNATURE:

## Mar 13, 2001 8:00 am **DOCUMENT # L61722 Secretary of State** 1. Entity Name THE CAPITAL GROUP, INC. 03-13-2001 90303 010 \*\*\*150.00 Principal Place of Business Mailing Address 3964 W. HILLSBORO BLVD. 3964 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 00024641 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENDIT, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 3964 W. HILLBORO BLVD. SUITE 200 **DEERFIELD BEACH FL 33442** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling regulrement and elects to do so. After MAY 1, 2001 Fee will be \$550:00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITI F ☐ Delete ☐ Change TITLE BENDIT, RICHARD A. NAME NAME STREET ADDRESS 3964 W. HILLSBORO BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP s of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report of the corporation or the receiver or trustee.