

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90010 044 ****50.00

DOCUMENT # L99000000371

1. Entity Name

CAPITAL PLANNING GROUP LLC

Principal Place of Business

**6301 NW 5TH WAY, SUITE 5010
 FORT LAUDERDALE FL 33309**

Mailing Address

**6301 NW 5TH WAY, SUITE 5010
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business

**6301 NW 5th Way
 Suite 2000**

3. Mailing Address

**6301 NW 5th Way
 Suite 2000**

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

SLAFSKY, NEIL

**6301 NW 5TH WAY, SUITE 5010
 FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **Slafsky, Neal**

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

6301 N.W. 5th Way, Suite 2000

City

Ft. Lauderdale, FL

Zip Code

33309

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 **SEITLIN, INC.**
 STREET ADDRESS **6301 NW 5TH WAY, SUITE 5010**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **MGRM** ☐ Delete
 NAME **MF PLANNING GROUP, LLC**
 STREET ADDRESS **10912 S.W. 59TH COURT**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **MGRM** ☐ Delete
 NAME **JACKMAN, M. STEPHEN**
 STREET ADDRESS **6301 NW 5TH WAY, SUITE 5010**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **MGRM** ☐ Delete
 NAME **SLAFSKY, NEAL A**
 STREET ADDRESS **6301 NW 5TH WAY, SUITE 5010**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **MGRM Slafsky, Neal A.**
 STREET ADDRESS **6301 NW 5th Way, Suite 2000**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

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

Neal A. Slafsky 4/15/02 954-267-8570

Date

Daytime Phone #

CP2E083 (9/01)