

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006312

1. Entity Name

FIRST CAPITAL, LLC

Principal Place of Business

444 BRICKELL AVE., STE 300
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE., STE 300
MIAMI FL 33131-2472

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0670004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERKIN, STEWART A
444 BRICKELL AVE., STE 300
MIAMI FL 33131

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
EDILBERTO J. MIRANDA
STREET ADDRESS 444 BRICKELL AVE. #300
CITY- ST- ZIP MIAMI FL 33131

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
500003279565--5
-06/07/00-01022-012
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
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:

Signature of Edilberto J. Miranda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/20/00

305 358-5800

CR2E083 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99000008730

DOCUMENT

1. Entity Name
MANT EQUITIES, LLC

Principal Place of Business Mailing Address
1356 Beach Boulevard
Jacksonville Beach, Florida 32250

2. Principal Place of Business 3. Mailing Address
1356 Beach Boulevard Same
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville Bch, FL
Zip Country Zip Country
32250 USA

4. FEI Number Applied For
59-3612594 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Edward Ashurian
10156 Whippoorwill Lane
Jacksonville, Florida 32256

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.

Edward Ashurian

April 18, 2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	Edward Ashurian - MGRM
STREET ADDRESS	10156 Whippoorwill Lane
CITY-ST-ZIP	Jacksonville, Florida 32256
TITLE	<input type="checkbox"/> Delete
NAME	Roya Ashurian - MGRM
STREET ADDRESS	10156 Whippoorwill Lane
CITY-ST-ZIP	Jacksonville, Florida 32256
TITLE	<input type="checkbox"/> Delete
NAME	Tiffany Ashurian
STREET ADDRESS	10156 Whippoorwill Lane
CITY-ST-ZIP	Jacksonville, Florida 32256
TITLE	<input type="checkbox"/> Delete
NAME	Nicole Ashurian
STREET ADDRESS	10156 Whippoorwill Lane
CITY-ST-ZIP	Jacksonville, Florida 32256
TITLE	<input type="checkbox"/> Delete
NAME	Alan Ashurian
STREET ADDRESS	10156 Whippoorwill Lane
CITY-ST-ZIP	Jacksonville, Florida 32256
TITLE	<input type="checkbox"/> Delete
NAME	Morgan Ashurian
STREET ADDRESS	10156 Whippoorwill Lane
CITY-ST-ZIP	Jacksonville, Florida 32256

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600003278566--2
CITY-ST-ZIP	-06/07/00--01022--013
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****50.00 *****50.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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Edward Ashurian

SIGNATURE:

4-18-2000

904-242-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)