

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008241

1. Entity Name

CAPITAL HOMES OF SOUTH FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 26 PM 3:56

Principal Place of Business

Mailing Address

~~133 SEVILLA~~
~~CORAL GABLES FL~~

~~133 SEVILLA~~
~~CORAL GABLES FL~~

2. Principal Place of Business

12 North Main Street

3. Mailing Address

KDC, 201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 20

Suite, Apt. #, etc.

Suite 1600

City & State

West Hartford, CT

City & State

Miami, FL

4. FEI Number

65-0970483

Applied For

Not Applicable

Zip

06107

Country

U.S.A.

Zip

33131

Country

U.S.A.

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROLLNICK, NEIL~~
~~133 SEVILLA~~
~~CORAL GABLES FL~~

Name Kevin D. Cowan, Esq.

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

201 S. Biscayne Blvd.

Suite 1600-KDC

City
Miami

FL

Zip Code

33131

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

Kevin D. Cowan, Esq.

July 25, 2000

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SHAPIRO, MARK
STREET ADDRESS ~~67 PROSPECT AVENUE SUITE 202~~
CITY-ST-ZIP ~~WEST HARTFORD CT 06106~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12 North Main Street, Suite 20
CITY-ST-ZIP West Hartford, CT 06107

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(f), 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:

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

7.21.2000

(860) 570-1500

Date

Daytime Phone #

ext. 25

CR2E083 (5/00)