

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008241

1. Entity Name
CAPITAL HOMES OF SOUTH FLORIDA, LLC

Principal Place of Business
12 NORTH MAIN STREET, SUITE 20
WEST HARTFORD CT 06107

Mailing Address
KDC
201 S. BISCAYNE BLVD., SUITE 1600
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Shutts & Bowen, LLP - KDC
Suite, Apt. #, etc. 1500 Miami Center
201 S. Biscayne Blvd.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL.

Zip

Country

Zip

33131

Country

USA

4. FEI Number

65-0970483

Applied For

Not Applicable

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

COWAN, KEVIN D ESQ.
201 S. BISCAYNE BLVD., SUITE 1600-KDC
MIAMI FL 33131

Name
Corporation Company of Miami
Street Address (P.O. Box Number is Not Acceptable)
201 S Biscayne Blvd.
1500 Miami Center - 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 *Lalaine Landau*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003745714--6
-02/21/01--01090--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM SHAPIRO, MARK
STREET ADDRESS 12 NORTH MAIN STREET, SUITE 20
CITY-ST-ZIP WEST HARTFORD CT 06107

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARK SHAPIRO, MGR. 2/01/2001

0008660 AF

CR2E083 (11/00)

FILED

01 FEB 19 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE