

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008243

1. Entity Name

CAPITAL COMPANIES OF SOUTH FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 26 PM 3:54

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

12 North Main Street

Suite, Apt. #, etc.

Suite 20

City & State

West Hartford, CT

Zip

06107

Country

U.S.A.

3. Mailing Address

KDC, 201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1600

City & State

Miami, FL

Zip

33131

Country

U.S.A.



MJH

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0971787

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

[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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
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 ☐ Change ☐ Addition
STREET ADDRESS 800003342538-2
CITY-ST-ZIP -08/01/00-01081-007
*****55.00 *****55.00

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

TITLE NAME ☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7.21.2000 (860) 570-1500 ext. 25

Date

Daytime Phone #

CR2E083 (5/00)