2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M06621 1. Entity Name

CAPITAL GROWTH CONCEPTS, INC.

Principal Place of Business

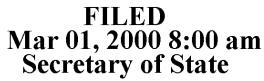
Mailing Address

2801 FLORIDA AVE.

SUITE 212

2801 FLORIDA AVE. SUITE 212

COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-1908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.



03-01-2000 90073 010 ***150.00



DO NOT WRITE IN THIS SPACE

Daytime Phone #

City & State_		City & State			4. F	El Number CE 0000741		Ar	oplied For
		1., 2.2				65-0268741		No	ot Applicable
Zip	Country Zip (Count	ry	5. (8.75 Additional ee Required	
	6. Name and Address of Current Reg	istered Agent			7. 1	lame and Address of New R	egistered Aç	jent	
				Name		 -			
LEVENTHAL, RONALD E. 315 ALHAMBRA CIRCLE				Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134				City				Zip Cod	
				Oity			FL	Z-ip 000	
IGNATURE	named entity submits this statement for th								<u>.</u>
5	Signature, typed or printed name of registered agent and t	tle if applicable (No	OTE: Registered	Agent signature re	equired when re	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable			2000 Fee	will be \$550		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
1.	OFFICERS AND DIF	ECTORS	12.		AD	DITIONS/CHANGES TO OFF	CERS AND I	DIRECTOR	S IN 11
ITLE	PD	☐ Delete	TITLE					☐ Change	Addition
AME	LEVENTHAL, RONALD E.		NAME						
TREET ADDRESS	2801 FLORIDA AVE.			T ADDRESS					
ITY-ST-ZIP	COCONUT GROVE FL		CITY-	ST-ZIP				.	
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AME			NAME						
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ITY-ST-ZIP			CITY-	ST-ZIP					
TLE		☐ Delete	TITLE		-	<u></u>		Change	Addition
AME			NAME						
TREET ADDRESS			STREE	T ADDRESS					
ITY-ST-ZIP			CITY-	ST-ZIP	_				
3. I hereby control indicated control of the corp	ertify that the information supplied with thi on this report or supplemental report is tru- oration or the receiver or tructed empowe or on an attachment with an address, with	s filing does not qualify e and accurate and tha red to execute this rep	for the exer at my signat ort as requir	nption stated ure shall have ed by Chapte	in Section the same r 607, Flori	119.07(3)(i), Florida Statutes. egal effect as if made under o da Statutes; and that my name	further certif eath; that I an e appears in	y that the in an officer Block 11 or	nformation or director Block 12 if