

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90059 024 ***150.00

DOCUMENT # M06621

1. Entity Name

CAPITAL GROWTH CONCEPTS, INC.



Principal Place of Business

315 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Mailing Address

315 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

2. Principal Place of Business

7400 N. KENDALL DR.

3. Mailing Address

7400 N. KENDALL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 312

SUITE 312

City & State

City & State

MIAMI FL

MIAMI, FL

Zip

Country

33156

Zip

Country

33156

6. Name and Address of Current Registered Agent

LEVENTHAL, RONALD E.
315 ALHAMBRA CIRCLE
SUITE 401
CORAL GABLES FL 33134

7400 N KENDALL DR.
SUITE 312
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVENTHAL, RONALD E.
STREET ADDRESS 2881 FLORIDA AVE.
CITY-ST-ZIP COCONUT GROVE FL ☒ Delete

TITLE PD
NAME 7400 N KENDALL DR.
STREET ADDRESS SUITE 312
CITY-ST-ZIP MIAMI, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald E. Leventhal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

Daytime Phone #

CR2E034 (10/02)