

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M44465

1. Entity Name

FIRST CAPITAL FINANCE MORTGAGE COMPANY AND INVES

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90204 003 ***150.00

Principal Place of Business

Mailing Address

1150 N.W. 72 AVENUE
TOWER 1, SUITE 444
MIAMI FL 33126-8920

1150 N.W. 72 AVENUE
TOWER 1, SUITE 444
MIAMI FL 33126-1936

2. Principal Place of Business

3. Mailing Address

951 NE 167 ST 105
Suite, Apt. #, etc.

951 NE 167 ST 105
Suite, Apt. #, etc.

City & State
North Miami Beach

City & State
North Miami Beach

Zip
33162

Zip
33162

Country
DADE

Country
DADE

6. Name and Address of Current Registered Agent

4. FEI Number 59-2757672

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RUSSO, CHRISTOPHER S.
1150 N.W. 72 AVE.
TOWER 1 SUITE 444
MIAMI FL 33126

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSO, CHRISTOPHER S.	
STREET ADDRESS	1150 NW 72 AVE TOWER 1	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, without further like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 / 28 / 00 305-493-9600
Date Daytime Phone #

CR2E034 (9/99)