

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90626 042 ***158.75

DOCUMENT # M44975

1. Entity Name

CAPITAL NATIONAL FINANCIAL CORPORATION

Principal Place of Business

**500 N.E. SPANISH RIVER BLVD
 205
 BOCA RATON FL 33431
 US**

Mailing Address

**500 N.E. SPANISH RIVER BLVD
 205
 BOCA RATON FL 33431
 US**

2. Principal Place of Business

3402 PINE HAVEN CR.

3. Mailing Address

3402 PINE HAVEN CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City

BOCA RATON, FL

City

BOCA RATON, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

59-2766111

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDMAN, ALINA M.
 500 N.E. SPANISH RIVER BLVD
 SUITE 207
 BOCA RATON FL 33431**

Name

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

3402 PINE HAVEN CR. / E

City

BOCA RATON

FL

Zip Code

33431

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

Alina M. Goldman

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

(NOTE: Registered Agent signature required when reinstating)

3-2-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVS** ☐ Delete
 NAME **GOLDMAN, ALINA M.**
 STREET ADDRESS **500 N.E. SPANISH RIVER BLVD., SUITE 207**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **DPT** ☐ Delete
 NAME **GOLDMAN, LAWRENCE M.**
 STREET ADDRESS **500 N.E. SPANISH RIVER BLVD., SUITE 207**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Alina M. Goldman, V.P. **3/2/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-289-0003

CR2E034 (10/00)