

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90204 007 \*\*\*\*75.00

**DOCUMENT # N49350**

1. Entity Name

**CAPE LOVE, INC.**

Principal Place of Business

5751 NW 2 ST  
 FT LAUDERDALE FL 33311

Mailing Address

4200 N.W. 3 COURT  
 SUITE 120  
 PLANTATION FL 33317

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Fl. Land. FL 33311*

City & State

*Plantation, FL 33317*

Zip

Country

Zip

Country

4. FEI Number

**65-0326136**

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTHEWS, FRANK D.**

3764 NW 2 ST  
 FT LAUDERDALE FL 33311

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.

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D CAMPBELL, EDDYE M**  
 STREET ADDRESS **3861 NW 5 ST**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE ☐ Delete  
 NAME **D MATTHEWS, BARBARA**  
 STREET ADDRESS **611 LONG ISLAND AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE ☐ Delete  
 NAME **D HALL, RONALD**  
 STREET ADDRESS **468 E. MELROSE CIR.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

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

TITLE ☐ Delete  
 NAME **D MATTHEWS, FRANK**  
 STREET ADDRESS **3846 WEST BROWARD BLVD.**  
 CITY-ST-ZIP **PLANTATION FL 33312**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Eddie Sanders-Director**  
 STREET ADDRESS **3721 N.W. 9 Street**  
 CITY-ST-ZIP **Fl. Land. FL 33311**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 617, 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:

**SIGNATURE REQUIRED**

**4/24/02**

Date

**954-303-9281**

Daytime Phone #

CR2E037 (9/01)