

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **00000006734**

1. Entity Name
CYGNUS CAPITAL CORPORATION

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90377 003 ***158.75

Principal Place of Business

Mailing Address

00056099

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 LAKE AVE

Suite, Apt. #, etc.
SUITE 154

City & State
LAKE WORTH FL

Zip
33460

Country
USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3620940

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fees Required

6. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVE STE 216
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
CORPAMERICA, INC.

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

1525 S. ANDREWS AVE SUITE 216

City
FT. LAUDERDALE, FL

Zip Code
33316

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT
HUGH HAMILTON
292 SOUTH COUNTY ROAD APT 105
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VICE PRESIDENT
HELENE HAMILTON
3100 S OCEAN BLVD
PALM BEACH, FL 33480

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

HUGH HAMILTON

4/27/01

561 3103896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)