2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am Secretary of State DOCUMENT # P00000043862 1. Entity Name FLORIDA CAPITAL HOLDINGS, INC. 02-10-2002 90049 024 ***150.00 Principal Place of Business Mailing Address 2255 WILTON DR. 2255 WILTON DR. WILTON MANORS FL 33305 WILTON MANORS FL 33305 2. Principal Place of Business 3. Mailing Address 3411 NW 9th AVE. 3411 NW 9t<u>h AVE.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #702 #702 Applied For City & State City & State 4. FEI Number 65-1019253 FORT LAUDERDALE, FL FORT LAUDERDALE, FL Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33309 USA 33309 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRANTALIS, DEAN J ESQ Street Address (P.O. Box Number is Not Acceptable) 2255 WILTON DR. **WILTON MANORS FL 33305** City Zip Code rpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGN_ATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD CR2E034 (9/01) TITI F ☐ Delete TITLE PD K Change ☐ Addition DAINI, LORIANO NAME NAME DAINI, LORIANO 2255 WILTON DR. STREET ADDRESS STREET ADDRESS 3411 NW 9th AVE. #702 WILTON MANORS FL 33305 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33309 Change ☐ Delete TITLE ☐ Addition STD NAME DAINI, THELMA KIRK NAME DAINI, THELMA KIRK STREET ADDRESS 2255 WILTON DR. STREET ADDRESS 3411 NW 9th AVE. #702 CITY-ST-ZIP WILTON MANORS FL 33305 CITY-ST-ZIP FORT LAUDERDALE, FL Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPE

FILED