

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90121 041 ***158.75

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1. Entity Name
CAPSTAN ENTERTAINMENT CORPORATION

Principal Place of Business

~~4045 BAHIA ISLE CIRCLE~~
~~WELLINGTON FL 33487~~

Mailing Address

~~4045 BAHIA ISLE CIRCLE~~
~~WELLINGTON FL 33487~~

2. Principal Place of Business

2401 E. ATLANTIC BVD.

Suite, Apt. #, etc.

Suite 314

City & State

Pompano Beach

33062

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

FL

Zip

33062

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1023185

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARADISO, DON A

~~2072 S MILITARY TRAIL, #9~~

~~WEST PALM BEACH FL 33416~~

7. Name and Address of New Registered Agent

Name

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

111 N. POMPAHO BEACH BL.

Suite 1707

City

POMPAHO BEACH

State

FL

Zip Code

33062

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, 2002 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	<input type="checkbox"/> Delete
D	PARADISO, DON A	4045 BAHIA ISLE CIRCLE	WELLINGTON FL 33487	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)