2003 FOR PROFIT CORPORATION

FILED Mar 20, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000066457 DOCUMENT # 1. Entity Name 03-20-2003 90153 047 ***150.00 CP CAPITAL SECURITIES, INC. Principal Place of Business Mailing Address 1000 BRICKELL AVE. STE 900 -1000 BRICKELL AVE: STE-900_ -MIAMI FL 33131--MIAMI FL 33131-Mailing Andress 2. Principal Place of Business 5/Miche 00 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEi Number Applied For 75-1938035 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name CONNELL, HAROLD L 🚙 Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE, STE 900 **MIAMI FL 33131** City 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change CONNELL, HAROLD L NAME NAME STREET ADDRESS 1000 BRICKELL AVE, STE 900 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ---TITLE -- --☐ Change ☐ Addition 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 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute the port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with all other like empo

Date

Daytime Phone #