

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90267 024 ***150.00

DOCUMENT # P01000074457

1. Entity Name
CAPITAL SOLUTIONS (JA) INC.

Principal Place of Business
3020 N. FEDERAL HIGHWAY
SUITE 11B
FT. LAUDERDALE FL 33306

Mailing Address
3020 N. FEDERAL HIGHWAY
SUITE 11B
FT. LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
123 NW 13 St
Suite, Apt. #, etc.
Ste 214-12
City & State
Boca Raton FL
Zip
33432
Country
USA

3. Mailing Address
123 NW 13 St
Suite, Apt. #, etc.
Ste 214-12
City & State
Boca Raton FL
Zip
33432
Country
USA

4. FEI Number **65-1124849** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MASSIAS, WILLIAM
3020 N. FEDERAL HIGHWAY
SUITE 11B
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
123 NW 13 St
Ste 214-12
City **Boca Raton** **FL** **Zip Code** **33432**

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 **March 15, 2002**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **MASSIAS, WILLIAM**
STREET ADDRESS **3020 N. FEDERAL HIGHWAY SUITE 11 B**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/S** ☒ **Change** ☐ **Addition**
NAME **William Massias**
STREET ADDRESS **123 NW 13 St Ste 214-12**
CITY-ST-ZIP **Boca Raton FL 33432**

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

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

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 an other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/22/02
Date

301-392-9422
Daytime Phone #

CR2E034 (9/01)