## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000043235

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## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-10-2003 90207 024 \*\*\*150.00

1. Entity Name U.S. CAPIT	• • -	040200							
Principal Place of Business 4183 SHELL ROAD SARASOTA FL 34242		Mailing Address 4183 SHELL ROAD SARASOTA FL 34242							
Principal Place of Business     3. Mailing Address					ŀ	) (BENJULI NI BENU I	i Bil Pairi Adsu gann agns a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	4. FEI Number Applied For Not Applicable			
Zip Country		Zip	Countr		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Re	gistered Agent :			<del>, -=7.</del>	-Name and Address	of New Registered	Agent ~ -	
				Name		•			
MIRMAN, ALVIN				Street Address (P.O. Box Number is Not Acceptable)					
4183 SHEL							· · · · · · · · · · · · · · · · · · ·		<del></del> .
	A FL 34242								
W4710711				City			FL	Zip Code	,
	named entity submits this statement for t					agest or both in the			and accept
SIGNATURE _	ions of registered agent.  Signature, typed or printed name of registered agent are	j title il applicable (N	IOTE: Registere	ed Agent signatu	ore required when	-T	DATÉ		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of :	State				Trust Fund	-	Added	May Be to Fees
10.	OFFICERS AND D		11.			ADDITIONS/CHANG	S TO OFFICERS AN		3 IN 11.
TITLE NAME STREET ADDRESS	P MIRMAN, ALVIN 4183 SHELL ROAD	☐ Delete	_		My	R.C		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS	SARASOTA FL 34242	☐ Delete	TITI Maj Ste		V-P MICH	AFL ZINS	OMAN ORPORATE N. 7L .3	Change BLVD 3431	Addition
CITY-ST-ZIP •		Delete	707				, , , , , , , , , , , , ,	☐ Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP	-	LJOSIK	NA STI		SECY DAV 6866 BOD	O COLEN O TOWN A RAYO	HARBOUN, 7L 33	R BUL 433	id
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	\$1	ILE Me Reet address IY-SI-ZIP				☐ Change	☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ Delata	TIT NA ST	TLE ME REET ADORESS				Change	Addition
CITY-ST-ZIP  12. 1 hereby indicated	certify that the information supplied with d on this report or supplemental report is	this filing does not qualifitue and accurate and the	y for the ex	remption statute shall f	ted in Section	on 119.07(3)(i), Florid ne legal effect as if m	la Statutes. I further coade under oath; that I	ertify that the i	nformation or director

indicated on this report or supplied in the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

IGNATURE: SIGNATURE:

Daytime Phone #