

2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019587

1. Entity Name

CAPACITY INSURANCE AND SURETY GROUP, INC.

FILED

00 SEP 27 PM 4:15

Principal Place of Business

2201 NE 52ND STREET
SUITE 202
LIGHTHOUSE POINT FL 33064
US

Mailing Address

120 PLEASANT AVENUE
4520 N.W. 18TH AVE.
UPPER SADDLE RIVER NJ 07458
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

6355 N.W. 36 Street

3. Mailing Address

6355 N.W. 36 Street

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

406

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0569620

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LULL, ROBERT G.
4520 NE 18TH AVE
SUITE 201
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

Mary Salerno

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

6355 N.W. 36 Street, # 406

City

Miami

FL

Zip Code

33166

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	LULL, ROBERT G	
STREET ADDRESS	2201 NE 52ND STREET SUITE 202	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINRAUB, MARK B	
STREET ADDRESS	2201 NE 52ND STREET STE 202	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANTON, DEBRA L	
STREET ADDRESS	2201 NE 52ND STREET STE 202	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALEMO, MARY	
STREET ADDRESS	2201 NE 52ND STREET SUITE 202	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003487442000	
STREET ADDRESS	-12/05/00--01051--001	
CITY-ST-ZIP	****550.00 ****550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salerno, Mary	
STREET ADDRESS	6355 N.W. 36 Street, #406	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)