

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041629

1. Entity Name

CORAL SPRINGS VENTURE II, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90317 045 ***150.00

Principal Place of Business

Mailing Address

3204 CORAL RIDGE DR
 CORAL SPRINGS FL 33065
 US

P.O. BOX 8533
 CORAL SPRINGS FL 33075-8533
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10772 LaPlacida Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

Zip

Country

Zip

Country

33065

US

4. FEI Number

65-0598485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPWELL, ANGELA J
 3204 CORAL RIDGE DR
 CORAL SPRINGS FL 33065

Name

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

10772 LaPlacida Dr. #104

City

Coral Springs

FL

Zip Code

33065

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

Angela J Capwell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
 NAME CAPWELL, ANGELA J
 STREET ADDRESS 3204 CORAL RIDGE DR
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS 10772 LaPlacida Dr. #104
 CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

Angela J Capwell
 PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (954) 755-2466

Date

Daytime Phone #

CR2E034 (9/99)