

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041757

1. Entity Name
CAPSTONE INDUSTRIES, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90047 029 ***150.00

0311773

Principal Place of Business
**1020 NW 6TH ST
PLAZA B
DEERFIELD BEACH FL 33442
US**

Mailing Address
**1020 NW 6TH ST
PLAZA B
DEERFIELD BEACH FL 33442
US**

2. Principal Place of Business
350 NW 12th Avenue

3. Mailing Address
350 NW 12th Avenue

Suite, Apt. #, etc.
122

City & State
Deerfield Beach FL

Zip
33442

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0669702**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACH, STEWART
7185 MONTRICO DRIVE
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

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 \$150.00
After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D WALLACH, STEWART	7185 MONTRICO DRIVE	BOCA RATON FL 33433	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: **(1) [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **954-570-8889**

CR2E034 (10/00)