

# 2000 UNIFORM BUSINESS REPORT (UBR)

0272750

DOCUMENT # P96000075382

1. Entity Name  
CAPITAL TITLE SERVICES, INC.

FILED  
00 FEB 25 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
1680 N.E. 135 STREET 1680 N.E. 135 STREET  
SUITE 106 SUITE 106  
NORTH MIAMI FL 33181 NORTH MIAMI FL 33181-1748

2. Principal Place of Business 3. Mailing Address  
13499 Biscayne Blvd Suite, Apt. #, etc.  
Tower Suite three Suite, Apt. #, etc.  
City & State City & State  
Miami, Florida  
Zip 33181 Country USA

4. FEI Number 65-0693104 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD  
913 NORMANDY DRIVE  
MIAMI BEACH FL 33141

## 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, 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

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	MADOW, BONNIE	
STREET ADDRESS	1680 N.E. 135 STREET, SUITE 106	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADOW, BONNIE	
STREET ADDRESS	1680 N.E. 135 STREET, SUITE 106	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	200003156232-3	
STREET ADDRESS	-03/03/00--01054--005	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS	
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/23/00 305 845 9988 Day Daytime Phone #

CR2E034 (9/99)