W/din

2001 UNIFORM BUSINESS REPORT (UBR) 06-20-2001 90005 001 *** 150.00 DOCUMENT # **P96000096906** FILED CAPITAL PRESERVATION GROUP, INC. 01 JUL -2 AM 9:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5425 10TH FAIRWAY DR 5425 10TH FAIRWAY DR DERAY BEACH FL 33484 DERAY BEACH FL 33484 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0711985 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KADIN, FRED M Street Address (P.O. Box Number is Not Acceptable) 5425 10TH FAIRWAY DR **DELRAY BEACCH FL 33484** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Tax filing requirement and elects to do so. \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE NAME NAME KADIN, FRED M STREET ADDRESS STREET ADDRESS 5425 10TH FAIRWAY DR 3 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484 Addition **VPT** Delete TITLE TITLE NAME KADIN, CHRISTINE STREET ADDRESS STREET ADORESS 5425 10TH FAIRWAY DR 3 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 35484 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information inclicated on this report or supplies each that it is to be 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 trust each tributered 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 add each that the information 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 trust each that the information 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 trust each that my name appears in Block 11 or Block 12 if changed, or on an attachment with an add each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 11 or Block 12 if the each that my name appears in Block 12 if the each that my name appears in Block 12 if the each that my name appears in Block 12 if the each that my name appears in Block 12 if the each that my name appears in Block 12 if the each that my name appears in Block 12 if the each that my name appears in Block 12 if the each that my name

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE KADIN 5425 Tenth Fairway Drive, #3 Delray Beach, FL 33484 Tel: (561) 638-9337



CERTIFIED MAIL

June 13th, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Uniform Business Report Filing

65-0711985 FEI FEI

59-2774716

Capital Preservation Group Inc. Capital Resources Group Inc.

Dear Sir or Madam:

I am writing you to request an exceptional waiver regarding the delay in filing for the UBR fee for the above mentioned corporations. My husband had gone out of state to do some contract work for the Alzheimer's Association, and left me in charge of the household's responsibilities. In the meanwhile, my father just passed away in France and I had to fly out to take care of an elderly remaining parent.

I just discovered today, in cleaning my files that these two reports, contrary to our belief, had actually not been filed in a timely fashion. Both my husband and I thought the other one had taken care of it!!!

Given the circumstances, and the fact we sincerely, though mistakenly, thought we had paid our fee, I would ask for the department's understanding in this instance. Disbursing \$400.00 for each of these corporations would constitute a real hardship for us.

Thank you for your thoughtful consideration in this matter.

ally submitted.