

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000036078**

1. Entity Name

**AMERICAN FINANCIAL CAPITAL INC. SERVICES**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 MAY 14 AM 8:29

Principal Place of Business

Mailing Address

**AMERICAN FINANCIAL CAPITAL SERVICES, INC  
2699 STIRLING ROAD - B 303  
FORT LAUDERDALE, FL 33312**

2. Principal Place of Business

3. Mailing Address

**2699 STIRLING RD B-303**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**B-303**

DO NOT WRITE IN THIS SPACE

City & State

City & State

**FORT LAUDERDALE FL**

4. FFL Number

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

**DONALD M. BAETZOLD  
3069 N.W. 25 WAY  
BOCA RATON, FL 33432**

**MORRIS KAHN  
% AMER FIN CAP SVCS INC  
2699 STIRLING RD B-303  
FORT LAUDERDALE FL 33312**

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

**MORRIS KAHN MORRIS KAHN 4/30/01**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW! FEES \$150.00  
After MAY 31, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PS RICHARD ORENSTEIN</b>
STREET ADDRESS	<b>2699 STIRLING RD</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**300004215869-2  
-05/14/01--01132--012**

**\*\*\*150.00**

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

Date

Daytime Phone #

**RICHARD ORENSTEIN**

**4/30/01**