FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91526 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014272

10090542

1. Entity Name
CAPITAL COORDINATION SERVICES, INC.

Principal Place of Business	Mailing Address
2750 N 29TH AVE#210 HOLLYWOOD, FL 33020 US	2750 N 29TH AVE#210 HOLLYWOOD, FL 33020 US

2. Principal Place of Business	3. Mailing Address
5555 ANGLERS AVE	5555 ANGLERS AVE
Suite, Apt. #, etc.: #1B	Suite, Apt. #, etc.: #1B
City & State: FT. LAUDERDALE FL	City & State: FT. LAUDERDALE, FL
Zip: 33312 Country: US	Zip: 33312 Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0811538 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HOLLANDER, MARK J
9360 SUNSET DR.,STE.287
MIAMI, FL 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] OPERATIONS MANAGER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SILVER, MICHAEL J 6401 SW 87TH AVE.,STE.208 MIAMI, FL 33173 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] OPERATIONS MGR. 4/28/03 (954) 962-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUDITH CUERVO