

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019837

1. Entity Name

FIRST CAPITAL MORTGAGE, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90009 037 ***150.00

Principal Place of Business

Mailing Address

1380 NORTHEAST MIAMI GARDENS DR. STE. 246
MIAMI FL 33179

1380 NORTHEAST MIAMI GARDENS DR. STE. 246
MIAMI FL 33179-4709

2. Principal Place of Business

1915 Hollywood Blvd
Suite, Apt. #, etc. 1205

3. Mailing Address

PO Box 80-2408
Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Aventura FL

4. FEI Number

65-0817030

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33280

Country

USA

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

ROSEN, MARK L

1380 NORTHEAST MIAMI GARDENS DR. STE. 246
MIAMI FL 33179

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, word 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MADOW, JASON
STREET ADDRESS 3300 NE 192 ST., STE. 1104
CITY-ST-ZIP AVENTURA FL 33180

TITLE
NAME MADOW, JASON
STREET ADDRESS PO Box 80-2408
CITY-ST-ZIP Aventura FL 33280

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)