## 2000 NIFORM BUSINESS REPORT (UBR) FILED Jul 19, 2000 8:00 am Secretary of State DOCUMENT # P98000048781 1. Entity Name ADVANCE CAPITAL SERVICES, INC. 07-19-2000 90014 022 \*\*\*550.00 Principal Place of Business Mailing Address 812-3:W. TO2 PLACE 812 S.W. 102 PLACE MIAMI FL 33174. W. 79 AVE., STE 212 MIAMI FL 33174 MAMI, FL 3312L 2. Principal Place of Business AVE. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3516968 Not Applicable Country 4/4MJ-DADE Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTELLANOS, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 812 SW 102 PLACE MIAMI FL 33174 Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. <del>PTD-</del> VICE -PRESIDENT ☐ Addition TITLE Delete TITLE CASTELLANOS, ALEXANDER CASTILLANDS, ALEXANDER NAME NAME 812 SW 102 PLACE STREET ADDRESS 812 S.W. 102 PLACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-ZIP MAMI, FL. YSD= PTD PRESIDENT / SECNETARY ☐ Addition Delete TITLE **Change** TITLE CASTELLANOS: ANALG NAME CASTELLANOS, ANG C. NAME 812 SW-102 PLACE STREET ADDRESS 812 S.W. 102 PLACE STREET ADDRESS CITY-ST-ZIP CATY-ST-70P MIAMI FL-33174 MAM, PL 33174 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition STREET ADDRESS 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 trostee 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00

(305)223-1788

Daytime Phone #