## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P99000002539** CAPITAL COMMUNICATIONS GROUP, INC. 05-08-2000 90119 020 \*\*\*150.00 Principal Place of Business Mailing Address 700 S FEDERAL AWY, SUITE 200 700 S FEDERAL HWY. SUITE 200 BOCA RATON FL 33432 BOCA BATON FL 33432-6128 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc uite Applied For 65-089 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCMILLEN, STACY (P.O. Box Number is Not Acceptable) 700 S FEDERAL HWY, SUITE 200 **BOCA RATON FL 33432** 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 BARRY F. GOLDBERG, President FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Delete TITLE TITLE SHAPIRO, GARY L NAME MAME STREET ADDRESS STREET ADDRESS 700 S FEDERAL HWY, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete ☐ Change ☐ Addition TITLE TITLE GOLDBERG, BARRY F NAME NAME STREET ADDRESS STREET ADDRESS 700 S FEDERAL HWY, SUITE 200 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition ☐ Change TITLE ☐ Delete RUBIN, GARY D NAME NAME STREET ADDRESS 700 S FEDERAL HWY, SUITE 200 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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