

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90025 004 \*\*\*150.00

00062822

DO NOT WRITE IN THIS SPACE

**DOCUMENT #**  
 1. Entity Name **CAPITOL GUARD CORPORATION**  
**P99000020768**

Principal Place of Business: **7730 NW 50<sup>th</sup> LAUDERHILL, FL 33351**  
 Mailing Address: **SAME**

2. Principal Place of Business: **7730 NW 50<sup>th</sup> Suite, Apt. #, etc. 203 LAUDERHILL**  
 3. Mailing Address: **SAME**

City & State: **LAUDERHILL**  
 City & State: **SAME**

Zip: **33351** Country: **FLORIDA**  
 Zip: **SAME** Country: **SAME**

4. FEI Number: **65-091-0618**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **Spiegel + UTERA P.A. 343 Almena Avenue CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent:  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **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: \_\_\_\_\_ (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: <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Phil Leeds</b>		NAME: _____	
STREET ADDRESS: <b>7730 NW 50<sup>th</sup> #203</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>LAUDERHILL, FL 33351</b>		CITY-ST-ZIP: _____	
TITLE: <b>VICE-PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PHIL LEEDS</b>		NAME: _____	
STREET ADDRESS: <b>SAME AS ABOVE</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: <b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: <b>SAME AS ABOVE</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: <b>Treasurer</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: <b>SAME AS ABOVE</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **PHIL LEEDS, PRESIDENT** Date: **5-26-00** Daytime Phone #: **(954) 433-1911 OFF (954) 396-1500 OP.**

CR2E034 (9/99)