

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90125 001 ***150.00
 05-11-2000 90125 002 *****8.75

DOCUMENT # P99000040182

1. Entity Name

Capital Finance Bankers, Inc.

Principal Place of Business

P.O. BOX 526406
 Miami, FL 33152

Mailing Address

P.O. Box 526406
 MIAMI, FL 33152

2. Principal Place of Business

303 California Ave

Suite, Apt. #, etc.

1st Floor, #9

City & State

Santa Monica, CA

Zip

90403

Country

USA

3. Mailing Address

303 California Ave.

Suite, Apt. #, etc.

1st Floor, #9

City & State

Santa Monica, CA

Zip

90403

Country

USA

4. FEI Number

65-0915652

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CANCIO, MARILI
 FOWLER WHITE
 100 SE 2nd STreet
 Miami, FL 33131 US

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.

SIGNATURE

Signature, typed 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)

☒ X

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Chamorro, Ralph
 P.O. Box 526406
 Miami, FL 33152 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 CANCIO, JOSE
 P.O. Box 526406
 Miami, FL 33152 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 CHAMORRO, RALPH
 303 California Ave 1st Floor, #9
 Santa Monica, CA 90403 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

Date

(310) 451-4550

Daytime Phone #

CR2E034 (9/99)