2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90062 017 ***150.00

DOCUMENT # P99000052879

1. Entity Name

CAPITAL INVESTMENT SERVICES, INC.

Principal Place of Business	Mailing Address
~~C/O MIAMI CORPORATE SYSTEMS, INC.~~ ~~5200 BLUE LAGOON DRIVE SUITE 700~~ ~~MIAMI FL 33126~~	~~C/O MIAMI CORPORATE SYSTEMS, INC.~~ ~~5200 BLUE LAGOON DRIVE SUITE 700~~ ~~MIAMI FL 33126-7803~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 Douglas Rd	800 Douglas Rd
Suite, Apt. #, etc.: Suite 240	Suite, Apt. #, etc.: Suite 240
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33134 Country: Miami Dade	Zip: 33134 Country:

4. FEI Number: 65-0926091 ☐ Applied For ☐ Not Applicable

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
~~MIAMI CORPORATE SYSTEMS, INC.~~ ~~5200 BLUE LAGOON DRIVE~~ ~~SUITE 700~~ ~~MIAMI FL 33126~~	Name: Robert J. Escobio Street Address (P.O. Box Number is Not Acceptable): 800 Douglas Rd Suite 240 City: Coral Gables FL Zip Code: 33134

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: Robert J. Escobio — 4/25/00
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) ☑

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCOBIO, ROBERT J ~~5200 BLUE LAGOON DRIVE SUITE 700~~ ~~MIAMI FL 33126~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P Escobio, Robert, J. 800 Douglas Road, Suite 240 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCOBIO, SUSAN M ~~5200 BLUE LAGOON DRIVE SUITE 700~~ ~~MIAMI FL 33126~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800 Douglas Road, Suite 240 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEHAR, HOWARD R 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: [illegible] — 4/25/00 — 305-446-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #