2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000057290** CAPITOLINE OF SOUTHERN FLORIDA, INC. 01-18-2000 90052 044 ***150.00 Principal Place of Business Mailing Address 1701 W. HILLSBORO BOULEVARD, SUITE 103 1701 W. HILLSBORO BOULEVARD. SUITE 103 DEERFIELD BEACH FL 33442-1501 DEERFIELD BEACH FL 33442 C0004207 2. Principal Place of Business illebore (5 had DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not A_{res}iii. \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLS, GARY M P.A. 1701 W. HILLSBORO BOULEVARD, SUITE 103 **DEERFIELD BEACH FL 33442** 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 required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. PD ☐ Delete Change Addition TITLE TITLE VIATOR, MICHELLE NAME NAME 1402 E. LAS OLAS BOULEVARD, #1085 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NOLAN, GERARD N NAME NAME STREET ADDRESS 2879 NE 28TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MILLS, GARY M NAME NAME STREET ADDRESS 16825-B ISLE OF PALMS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **DELRAY BEACH FL 33484** TITLE Change ___ Addition TITLE ☐ Delete OBLEDO, MACEDONIO B NAME NAME 1402 E. LAS OLAS BOULEVARD, #1085 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Change Addition ☐ Delete TITLE TITLE NAME

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.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

STORTURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Secretary

95/-42-428

☐ Change

☐ Addition