2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State
07-17-2000 90076 039 ***550.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000081850

1. Entity Name
CAPTRUST CORP.

Principal Place of Business	Mailing Address
2350 NE 135 STREET #803 NORTH MIAMI FL 33181	2350 NE 135 STREET #803 NORTH MIAMI FL 33181

2. Principal Place of Business		3. Mailing Address	
2350 NE 135 ST #803		2350 NE 135 ST #803	
Suite, Apt. #, etc. N. MIAMI, FL		Suite, Apt. #, etc. N. MIAMI, FL.	
City & State		City & State	
Zip 33181	Country USA	Zip 33181	Country USA

4. FEI Number 650948219 ☐ 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
ROUSSO, MARK E ESQ 2875 NE 191 STREET, PH3A AVENTURA FL 33180	Name ROUSSO, MARK ESQ. Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 ST PH3A City AVENTURA FL Zip Code 33180

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) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PVDT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMERO, OSVALDO E		NAME	
STREET ADDRESS	2350 NE 135 STREET #803		STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMERO, OSVALDO E		NAME	
STREET ADDRESS	2350 NE 135 STREET #803		STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (5/00)

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 all address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #