

2001 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

01 APR 26 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007500 AF

DOCUMENT # Z00395

1. Entity Name

CAPITAL MARKETS SERVICES, L.C.

Principal Place of Business

Mailing Address

540 EAST MCNAB ROAD
SUITE C
POMPANO BEACH FL 33060

540 EAST MCNAB ROAD
SUITE C
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0422154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, JOSEPH C P.A.
2000 E. COMMERCIAL BLVD.
SUITE #720
FT. LAUDERDALE FL 33308

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
SCHROEDER, GEORGE R
540 EAST MCNAB ROAD, STE. C
POMPANO BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004193917--7
-05/11/01--01004--001
*****427.50 *****55.00 ☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)