

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014087

1. Entity Name

DO CAP 402, L.L.C.

Principal Place of Business

Mailing Address

2600 Island Blvd., Unit 402
Williams Island
Aventura, Florida 33180

2. Principal Place of Business

3. Mailing Address

501 Brickell Key Drive

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Suite 400

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

USA

4. FEI Number

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

CORPORATE CREATIONS NETWORK INC.
941 Fourth Street Suite 200
Miami Beach, FL 33139

Name ALC corporate Services Inc.

Street Address (P.O. Box Number is Not Acceptable)

501 Brickell Key Dr. Suite 400

City

Miami

FL

Zip Code

33131

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.

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*****50.00 *****50.00

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 \$50.00
Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MGMR ☐ DELETE
NAME JOSE RICARDO DE PAULA
STREET ADDRESS 501 Brickell Key Dr. #400
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 annual report or supplemental annual 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,

SIGNATURE:

Jose Ricardo de Paula

3/01/2001

(305) 374 0030