

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90005 039 ***150.00

0141317 SP

DOCUMENT # P00000015472
 1. Entity Name
CAPITAL ONE DEVELOPMENT CORP.

Principal Place of Business: **P.O. BOX 3886 HIALEAH FL 33013**
 Mailing Address: **P.O. BOX 3886 HIALEAH FL 33013**

2. Principal Place of Business: **P.O. BOX 133886**
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. BOX 133886**
 Suite, Apt. #, etc.

City & State: **HIALEAH, FLORIDA**
 Zip: **33013** Country: **USA**

City & State: **HIALEAH, FL**
 Zip: **33013** Country: **USA**

4. FEI Number: **65-0980882**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BERTI, JORGE
320 EAST 40TH STREET
HIALEAH FL 33013

7. Name and Address of New Registered Agent
 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: _____ (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 12, 2001 Fee 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	
TITLE: D NAME: BERTI, SANDRA STREET ADDRESS: P.O. BOX 3886 CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE: D NAME: LUIS, LUGO JOSE STREET ADDRESS: P.O. BOX 3886 CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BERTI, SANDRA STREET ADDRESS: P.O. BOX 133886 CITY-ST-ZIP: HIALEAH, FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>change of address only</i>
TITLE: D NAME: LUGO JOSE LUIS STREET ADDRESS: P.O. BOX 133886 CITY-ST-ZIP: HIALEAH, FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>change of address only</i>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sandra Berti **RESANDRA BERTI/DIRECTOR 7/13/01 (305)362-7024**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/01)

A0078412

Attachment
Doc# P000000015472

July 13, 2001

To: Florida Department of State
Division of Corporations
Re: Uniform Business Report
FEI # 65-0980882
Capital One Development Corp
P.O.Box 133886
Hialeah, FL 33013

Capital One Development Corporation was established Feb. 14, 2000. I never received the first Uniform Business Report filing application. My assumption is that it was probably lost in the mail, or never sent.

On July 11, 2001, I received the Uniform Business Report application for the first time. I called the (850) 488-9000 phone number and spoke to a representative. I was advised to write a letter explaining the situation and to only pay the \$150.00 fee, instead of the \$550.00 fee.

Yours truly,



Sandra Berti
President
Capital One Development Corp.