

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000004360**1. Entity Name
CAPEWELL HORSENAILS, INC.

Principal Place of Business

1001 BRICKELL BAY DR
SUITE 2104
MIAMI
33131

FL

US

Mailing Address

1404 BLUE HILLS AVENUE
P.O. BOX 7315
BLOOMFIELD
06002

US

CT

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

06-1140052

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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 PTD ☐ Delete
NAME LARA CARLES
STREET ADDRESS 57 HARRIS RD
CITY-ST-ZIP AVON CT 06001TITLE D ☐ Delete
NAME NILSSON HANS
STREET ADDRESS PL 1021
CITY-ST-ZIP CCOLO DALS LANGRED SWEDENTITLE D ☐ Delete
NAME MUSTAD OLE
STREET ADDRESS EA PAILACURA
CITY-ST-ZIP SAN MASTIN DE LOS ARGENTINATITLE S ☐ Delete
NAME PILARSKI CLIFFORD W
STREET ADDRESS 109 NORTH ST.
CITY-ST-ZIP WOLCOTT CT 06176TITLE VDC ☐ Delete
NAME MUSTAD CHRISTIAN
STREET ADDRESS 3778 SCHONNIED
CITY-ST-ZIP SWITZERLANDTITLE D ☐ Delete
NAME ZBAR DIEGO H
STREET ADDRESS 6 CHEMIN DES CHENES, CH-1009 PULLY
CITY-ST-ZIP PULLY SW

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME LARA CARLOS
STREET ADDRESS 57 HARRIS RD
CITY-ST-ZIP AVON CT 06001TITLE D ☒ Change ☐ Addition
NAME CARLOS XIFRA
STREET ADDRESS 11005 57TH AVENUE NORTH
CITY-ST-ZIP PLYMOUTH MN 55442TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: CARLOS LARA

PTD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

ROBERT KASETA
89 WHITE OAK DRIVE
HARWINTON, CT 06791