

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000004360

FILED  
Feb 27, 2002 8:00 AM  
Secretary of State

Entity Name: CAPEWELL HORSENAILS, INC.

## Current Principal Place of Business:

1001 BRICKELL BAY DR  
SUITE 2104  
MIAMI, FL 33131 US

## New Principal Place of Business:

## Current Mailing Address:

1404 BLUE HILLS AVENUE  
P.O. BOX 7315  
BLOOMFIELD, CT 06002 US

## New Mailing Address:

FEI Number: 06-1140052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ZBAR, DIEGO H  
Address: 6 CHEMIN DES CHENES, CH-1009 PULLY  
City-St-Zip: PULLY, SW

Title: VDC ( ) Delete  
Name: MUSTAD, CHRISTIAN  
Address: 3778 SCHONNIED  
City-St-Zip: SWITZERLAND,

Title: S ( ) Delete  
Name: PILARSKI, CLIFFORD W  
Address: 109 NORTH ST.  
City-St-Zip: WOLCOTT, CT 06176

Title: D ( ) Delete  
Name: MUSTAD, OLE  
Address: EA PAILACURA  
City-St-Zip: SAN MASTIN DE LOS ARGENTINA,

Title: D ( ) Delete  
Name: CARLOS, XIFRA  
Address: 11005 57TH AVENUE NORTH  
City-St-Zip: PLYMOUTH, MN 55442

Title: PTD ( ) Delete  
Name: LARA, CARLOS  
Address: 57 HARRIS RD  
City-St-Zip: AVON, CT 06001

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS LARA 57 HARRIS RD AVON CT 06001

PDT

02/27/2002

Electronic Signature of Signing Officer or Director

Date