

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90273 005 \*\*\*\*50.00

DOCUMENT # L01000010941

1. Entity Name

MIAMI CAPITAL PARTNERS, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

888 BRICKELL AVENUE

Suite, Apt. #, etc.  
5TH FLOOR

City & State  
MIAMI, FLORIDA

Zip Country  
33131 USA

3. Mailing Address

888 BRICKELL AVENUE

Suite, Apt. #, etc.  
5TH FLOOR

City & State  
MIAMI, FLORIDA

Zip Country  
33131 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1121475

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
MARCELL FELIPE, ESQ.

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

888 BRICKELL AVENUE, 5TH FLOOR

City MIAMI FL Zip Code 33131

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
MARCELL FELIPE  
888 BRICKELL AVENUE, 5TH FLOOR  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
PELAYO MENDEZ  
888 BRICKELL AVENUE, 5TH FLOOR  
MIAMI, FL 33131

TITLE  
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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: *Marcell Felipe*

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

4/29/03 305-387-8500  
Date Daytime Phone #

CR2E083B (12/02)