

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90371 029 \*\*\*150.00

**DOCUMENT # L60077**

1. Entity Name  
**JACONDE INC.**

Principal Place of Business  
**% MIAMI CORPORATE SYSTEMS, INC.**  
**5200 BLUE LAGOON DR., STE 700**  
**MIAMI FL 33126-7003**

Mailing Address  
**% MIAMI CORPORATE SYSTEMS, INC.**  
**5200 BLUE LAGOON DR., STE 700**  
**MIAMI FL 33126-7003**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**283 Catalonia Avenue**

3. Mailing Address  
**283 Catalonia Avenue**

Suite, Apt. #, etc.  
**2nd Floor**

Suite, Apt. #, etc.  
**2nd Floor**

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number **98-0079166**

Applied For  
 Not Applicable

Zip  
**33134**

Country  
**U.S.A.**

Zip  
**33134**

Country  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MIAMI CORPORATE SYSTEMS, INC.**  
**5200 BLUE LAGOON DR.**  
**STE 700**  
**MIAMI FL 33126**

Name **Miami Corporate Systems, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**283 Catalonia Avenue**  
**2nd Floor**  
 City **Coral Gables** **FL** Zip Code **33134**

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)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
 NAME **DE CAPITANI, BERTINA**  
 STREET ADDRESS **5200 BLUE LAGOON DR.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **De Capitani, Bertina**  
 STREET ADDRESS **283 Catalonia Avenue, 2nd Floor**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **DST** ☐ Delete  
 NAME **DE CAPITANI, BERTINA**  
 STREET ADDRESS **5200 BLUE LAGOON DR.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **DST** ☒ Change ☐ Addition  
 NAME **De Capitani, Bertina**  
 STREET ADDRESS **283 Catalonia Avenue, 2nd Floor**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BERTINA DE CAPITANI**

Date

Daytime Phone #

**March 29th 2001**

CR2E034 (10/00)