

2001 UNIFORM BUSINESS REPORT (UBR)

0011789 AF

DOCUMENT # L99000008357
1. Entity Name
 CAPITAL INVEST LLC

FILED
 01 APR -6 PM 4:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 1500 N. FEDERAL HIGHWAY 1500 N. FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 3370 N. E. 190 STREET 3370 N. E. 190 STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 811 SUITE 811
 City & State City & State
 AVENTURA, FLORIDA AVENTURA, FLORIDA
 Zip Country Zip Country
 33180 USA 33180 USA

4. FEI Number Applied For
 65-0964975 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATE CREATIONS ENTERPRISES INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name: SIMON KARAM
 Street Address (P.O. Box Number is Not Acceptable): 3370 N. E. 190 STREET, SUITE 811
 City: AVENTURA FL Zip Code: 33180

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 SIMON KARAM DATE: 04-03-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
 700003996017--7
 --04/12/01--01135--006
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	MASTRIANA, F. RONALD	1500 N. FEDERAL HIGHWAY	FORT LAUDERDALE FL 33304	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	KARAM, SIMON	3370 N. E. 190 STREET, SUITE 811	AVENTURA, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIMON KARAM DATE: 04-03-01 DAYTIME PHONE #: (850) 205-6502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)