

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90382 027 \*\*\*\*50.00

**DOCUMENT # L99000008357**

1. Entity Name

**CAPITAL INVEST LLC**

Principal Place of Business

**3370 NE 190 STREET, SUITE 811  
 AVENTURA FL 33180**

Mailing Address

**3370 NE 190 STREET, SUITE 811  
 AVENTURA FL 33180**

2. Principal Place of Business

**848 BRICKELL KEY DRIVE**

3. Mailing Address

**848 BRICKELL KEY DRIVE**

Suite, Apt. #, etc.

**SUITE 4405**

Suite, Apt. #, etc.

**SUITE 4405**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0964975**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KARAM, SIMON**

**3370 NE 190 STREET, SUITE 811  
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

**KARAM, SIMON**

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

**848 BRICKELL KEY DRIVE**

**SUITE 4405**

City

**MIAMI**

**FL**

Zip Code

**33131**

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.

**SIMON KARAM**

(NOTE: Registered Agent signature required when reinstating)

**04/10/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>KARAM, SIMON</b>	
STREET ADDRESS	<b>3370 NE 190 ST., STE 811</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARAM, SIMON</b>	
STREET ADDRESS	<b>848 BRICKELL KEY DRIVE, SUITE 4405</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA, 33131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

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

**04/10/02 305-205-6502**

Date

Daytime Phone #

CR2E083 (9/01)

11906