

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M54277

1. Entity Name

CAPO INVESTMENT GROUP CORPORATION

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90054 047 \*\*\*150.00

Principal Place of Business

7270 N.W. 12TH ST.-STE. PH-1  
MIAMI FL 33126

Mailing Address

7270 N.W. 12TH ST.-STE. PH-1  
MIAMI FL 33126

2. Principal Place of Business

1260 NW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

1260 NW 72 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FL

Zip

Country

33126 U.S.

Zip

Country

33126 U.S.

4. FEI Number

59-2822152

Applied For

Not Applicable

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

CAPO, JULIO  
1260 NW 72 AVE  
MIAMI FL 33126

Name JULIO CAPO  
Street Address (P.O. Box Number is Not Acceptable)  
1260 NW 72 AVE  
City MIAMI FL Zip Code 33126

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  
NAME CAPO, JULIO C.  
STREET ADDRESS 1260 NW 72 AVE  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PDS  
NAME CAPO, JULIO C.  
STREET ADDRESS 1260 NW 72 AVE  
CITY-ST-ZIP MIAMI FL ☒ Change ☐ Addition

TITLE SD  
NAME CAPO, GERARDO  
STREET ADDRESS 1260 NW 72 AVE  
CITY-ST-ZIP MIAMI FL ☒ Delete

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

TITLE VTD  
NAME CAPO, MANUEL  
STREET ADDRESS 1260 NW 72 AVE  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (10/00)