

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90082 039 \*\*\*150.00

**DOCUMENT # M54347**

1. Entity Name

**EL DORADO ENTERPRISES OF MIAMI, INC.**

Principal Place of Business

Mailing Address

C/O CAPO, JULIO  
 1260 NW 72 AVE.  
 MIAMI FL 33126

C/O CAPO, JULIO  
 1260 NW 72 AVE.  
 MIAMI FL 33126-1919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2822146**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRODIE, SIDNEY Z.**  
 7270 NW 12TH ST  
 PH-1  
 MIAMI FL 33126

Name: **JULIO CAPO**  
 Street Address (P.O. Box Number is Not Acceptable): **1260 NW 72 AVE**  
 City: **MIAMI** State: **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: *Julio Capo - Treasurer* **3-23-00**  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT CAPO, JULIO C. 1260 NW 72 AVE. MIAMI FL	<input type="checkbox"/>		
SD CAPO, PEDRO 1260 NW 72 AVE. MIAMI FL	<input type="checkbox"/>		
DP CAPO, LUIS 1260 NW 72 AVE. MIAMI FL	<input type="checkbox"/>		
D CAPO, JESUS R. 1260 NW 72 AVE. MIAMI FL	<input type="checkbox"/>		
D CAPO, ROBERTO 1260 NW 72 AVE. MIAMI FL	<input type="checkbox"/>		
VD CAPO, CARLOS 1260 NW 72 AVE. MIAMI FL	<input type="checkbox"/>		

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: *Julio Capo* **3-23-00** **305-592-4967**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)