

FILED  
Mar 31, 2003 8:00 am  
Secretary of State

03-31-2003 90284 002 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000048690

1. Entity Name  
**EL CAPOTE, INC.**



Principal Place of Business  
5151 COLLINS AVE.  
APT #423  
MIAMI BEACH, FL 33140 US

Mailing Address  
5151 COLLINS AVE.  
APT #423  
MIAMI BEACH, FL 33140 US

90066349



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1010029

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

RYAN, JOSEPH B III  
133 SEVILLA AVE.  
SUITE 216  
CORAL GABLES, FL 33146-1424

7. Name and Address of New Registered Agent

Name

Joseph B. Ryan III

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

2701 S. Bayshore Dr., Suite 402

City

Coconut Grove

FL

Zip Code  
33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

3/26/03

DATE

FILE NOW!!! FEE IS \$160.00

After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
PECCI DEL RIO, ANGEL  
5151 COLLINS AVE APT #423  
MIAMI BEACH, FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
SANJURJO ALGABA, MARIA J  
5151 COLLINS AVE APT #423  
MIAMI BEACH, FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 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

Angel Pecci del Rio

03/26/03

Date

Daytime Phone #

Tel: (305) 444-4949

CR2E034 (10/02)