

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000048880**

1. Entity Name

**INVERSIONES CAPITAL S.A., INC.**

Principal Place of Business

**14375 SW 97 TERRACE  
MIAMI FL 33186**

Mailing Address

**14375 SW 97 TERRACE  
MIAMI FL 33186**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**PEREIRA, JOSEPH A JR.  
10300 SW 72ND ST  
#470C  
MIAMI FL 33173**

4. FEI Number

**65-1044823**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>			
	<b>PEREIRA, JPSEH A JR.</b>	<b>10300 SW 72ND ST #470C</b>	<b>MIAMI FL 33173</b>	
	<b>P/D</b>			<input type="checkbox"/> Delete
	<b>ARLEY ANTONIO TOVAR</b>	<b>14375 SW 97 TERR</b>	<b>MIAMI, FL 33186</b>	
	<b>ST/D</b>			<input type="checkbox"/> Delete
	<b>RAFAEL GONZALEZ, JR</b>	<b>14375 SW 97 TERR</b>	<b>MIAMI, FL 33186</b>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAFAEL GONZALEZ, JR**

Date

Daytime Phone #

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90049 001 \*\*\*150.00

02-27-2001 90049 002 \*\*\*\*\*8.75

**61991**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)