FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90238 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000081086

1. Entity Name

Capital and Fulcrum Financial Group

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3785 NW 82 Avenue	3785 NW 82 Avenue
Suite, Apt. #, etc. Suite #217	Suite, Apt. #, etc. Suite #217
City & State Miami, Florida	City & State Miami, Florida
Zip 33166 / Country U.S.A	Zip 33166 / Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nestor Puertas

Street Address (P.O. Box Number is Not Acceptable): 3785 NW 82 Avenue

Suite #217

City: Miami **FL** Zip Code: 33166

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	Nestor Puertas President 3785 NW 82 Avenue #217 Miami, Florida 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Orlando Castellon Vice-President 3785 NW 82 Avenue #217 Miami, Florida 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/23/2002

Daytime Phone # 3054689555