

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90042 020 ***150.00

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

DOCUMENT # P00000094455

1. Entity Name
DICAPA ENTERPRISES, INC.



Principal Place of Business
**10455 NW 37TH TERRACE
MIAMI, FL 33178**

Mailing Address
**10455 NW 37TH TERRACE
MIAMI, FL 33178**

2. Principal Place of Business

3. Mailing Address

8611 NW 66 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-1066921

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

USA

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

**GIRALDO, ORLANDO
10455 NW 37TH TERRACE
MIAMI, FL 33178**

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. 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 signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

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-STATE-ZIP

**PD
GIRALDO, ORLANDO
10455 NW 37TH TERRACE
MIAMI, FL 33178**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VPD
BOTERO, MARIA E
10455 NW 37TH TERRACE
MIAMI, FL 33178**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**8611 NW 66 Street
Miami, FL 33166**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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Miami, FL 33166**

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (305) 513-3911

Date

Daytime Phone #

CR2E034 (10/02)