FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 15 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114487

1. Entity Name

EL CAPITAN INTERNATIONAL Inc.

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REINSTATEMENT 02

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2. Principal Place of Business	3. Mailing Address
2470 NW 102Pl	2470NW 102 PL.
Suite, Apt. #, etc.: #104	Suite, Apt. #, etc.: #104
City & State: MIAMI FL.	City & State: MIAMI FL.
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number: 651079825 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ANA ISABEL DAVILA

Street Address (P.O. Box Number is Not Acceptable): 9561 Fontainebleau Blvd. # 509

City: MIAMI FL Zip Code: 33172

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: Ana Isabel Davila 11/08/02

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) ☐

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	President
NAME	Julio Davila
STREET ADDRESS	2470 NW 102 Pl # 104
CITY-ST-ZIP	Miami Fl. 33172
TITLE	Vice-President
NAME	Emmanuel Davila
STREET ADDRESS	2470 NW 102 Pl #104
CITY-ST-ZIP	Miami Fl 33172
TITLE	TD
NAME	Jose L. Curbelo
STREET ADDRESS	2470 NW 102 PL #104
CITY-ST-ZIP	Miami Fl 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11/15/02--01096--001 **750.00

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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 — Daytime Phone #