## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State P01000018659 DOCUMENT # 1. Entity Name CAPITAN POP, INC. 05-08-2002 90067 020 \*\*\*150.00 Principal Place of Business Mailing Address 10650 G.W. 157TH-COURT 10650 C.W. 157TH COURT 16520 5.W. 158 ct. OTE 104 10520 5.W. 158 ct. **STE 104** . Apt. 201 MIAMILET 22106 MIAMI-FL 32106 タタナ MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1079340 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERTICA, DANIEL J -10650 G.W. 157TH COURT 10520 S.W. 158 CT. Apr. 201 Street Address (P.O. Box Number is Not Acceptable) -STE 104 ---MIAMI, FL. 33196 MIAMI FL 33196 City Zip Code FL 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) This corporation is eligible to satisfy its Intangible FILE:NOWHLFEE IS-\$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE 105205.W. 1 Delete ☐ Change ☐ Addition PERTICA, DANIEL J NAME NAME 19650 S.W. 157TH COURT STE 104 9-20/ STREET ADDRESS STREET ADDRESS MIAMI FL 33196 MIAMI FL 89196 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition aicega, Juan C NAME NAME <del>10050 S.W. 157TH COURT STE 18</del>4 *ター コ*ーノ STREET ADDRES STREET ADDRESS MIAMI FL 99196 CITY-ST-ZIP MIANI FL. 33196 CITY-ST-ZIP TITLE TITLE Change ☐ Addition 10520 S.W. INURRIETA, RICARDO M NAME <del>10650 G.W. 157TH GOURT STE 104</del> ター マップ STREET ADDRESS STREET ADORESS CITY-ST-ZIP **MIAMI-FL 33196** 33196 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete. TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

I hereby certify that the information supplied with this filling 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 than empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IF

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR