

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90017 005 \*\*\*150.00

**DOCUMENT # P01000027409**

1. Entity Name  
**CAPE FLORIDA INVESTMENTS, INC.**

Principal Place of Business  
**220 ALHAMBRA CIRCLE,  
 SUITE 810  
 CORAL GABLES FL 33134**

Mailing Address  
**220 ALHAMBRA CIRCLE  
 SUITE 810  
 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**LEHRMAN, JEFFREY E ESQ.  
 220 ALHAMBRA CIRCLE  
 SUITE 810  
 CORAL GABLES FL 33134**

\*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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **LEHRMAN, JEFFREY E**  
 STREET ADDRESS **220 ALHAMBRA CIRCLE SUITE 810**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **ALBERTO LEVI**  
 STREET ADDRESS **5701 MIAMI LAKES DR.**  
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VICE. PRES & SECRETARY** ☐ Change ☒ Addition  
 NAME **ALEXANDER ECHES-CHARTRES**  
 STREET ADDRESS **39 CAPE FLORIDA DRIVE**  
 CITY-ST-ZIP **KOD BISCAYNE, FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

**SIGNATURE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.5.02 460.4447**  
 Date Daytime Phone #

CR2E034 (9/01)