

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90880 034 ***150.00

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

DOCUMENT # **P01000074864** ✓
 1. Entity Name
CAPE BRAZIL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3940 METRO PARKWAY # 111
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. MYERS, FL
 Zip
33916

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 Zip
33916

4. FEI Number
65-1128416
 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
BIL SILVA
 Street Address (P.O. Box Number is Not Acceptable)
3661 WINKLER AVE. EXT 1418
 City
FT. MYERS, FL Zip Code
33916

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:  **BIL SILVA, PRESIDENT** 4/18/02
Signature of the registered agent and title if applicable (NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY - ST - ZIP	P/PT/S BIL SILVA 3661 WINKLER AVE EXT 1418 FT MYERS, FL 33916
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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:  **BIL SILVA, PRESIDENT** (941) 275-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)