

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90222 022 ***158.75

DOCUMENT # P02000011131

1. Entity Name

CAPS AND T-SHIRTS, CORPORATION



Principal Place of Business

**15569 SW 62 STREET
MIAMI FL 33193**

Mailing Address

**15569 SW 62 STREET
MIAMI FL 33193**

2. Principal Place of Business

14386 SW 142 AVE

3. Mailing Address

14386 SW 142 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

01-0591020

Applied For

Not Applicable

Zip
33186

Country

Zip
33186

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TREJOS, ROBINSON
15569 SW 62 STREET
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name

TREJOS, ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

14386 SW 142 AVE

City

MIAMI,

FL

Zip Code
33186

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 reinstating)

DATE

FILE NOW!!! FEE IS \$160.00

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 **PD** ☐ Delete
NAME **SANDINO, GILBERTO**
STREET ADDRESS **15569 SW 62 STREET**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **VD** ☐ Delete
NAME **TREJOS, ROBINSON**
STREET ADDRESS **15569 SW 62 STREET**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **SANDINO, GILBERTO**
STREET ADDRESS **14386 SW 142 AVE**
CITY-ST-ZIP **MIAMI, FL-33186**

TITLE **VD** ☐ Change ☐ Addition
NAME **TREJOS, ROBINSON**
STREET ADDRESS **14386 SW 142 AVE**
CITY-ST-ZIP **MIAMI, FL 33186**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/03 . 305-278-8767
Date Daytime Phone #

CR2E034 (10/02)