

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91352 044 ***150.00

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

DOCUMENT # P02000025737

1. Entity Name
CAPITAL OF THE SUN OF FLORIDA, INC.



Principal Place of Business
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

55041943



27-0006579
☐ CHECK HERE IF MAKING CHANGES

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

01-34549756

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

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. 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 \$150.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GONZALEZ PENIA, HERMAN
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME CHAUSTRE MEZA, MARTIN E
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME VARGAS, GUILLERMO
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305
CITY-ST-ZIP MIAMI FL 33131

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 AS ☐ Change ☒ Addition
NAME Rojas, MARCO E.
STREET ADDRESS 520 Brickell Key Dr. # 305
CITY-ST-ZIP Miami, FL 33131

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

305 374 3800

CR2E034 (10/02)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

Your Telephone Number _____
()

Best Time to Call _____

DATE OF THIS NOTICE: 04-04-2002
EMPLOYER IDENTIFICATION NUMBER: 27-0006579
FORM: SS-4

CP 575 A

0532506668

INTERNAL REVENUE SERVICE
OGDEN UT 84201

CAPITAL OF THE SUN OF FLORIDA INC
520 BRICKELL KEY DR STE 0-305
MIAMI FL 33131

Attachment

55041943

P20200025737