

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

021/485

**DOCUMENT #** P02000048416

**1. Entity Name**  
CAP GLOBAL TRADE CORP.



FILED

03 DEC 26 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**Principal Place of Business**  
800 BRICKELL AVENUE  
SUITE 1115  
MIAMI FL 33131

**Mailing Address**  
800 BRICKELL AVENUE  
SUITE 1115  
MIAMI FL 33131

**2. Principal Place of Business**  
185 SE 14TH TERRACE  
Suite, Apt. #, etc. #1601  
City & State MIAMI, FL  
Zip 33131 Country USA

**3. Mailing Address**  
185 SE 14TH TERRACE  
Suite, Apt. #, etc. #1601  
City & State MIAMI, FL  
Zip 33131 Country USA

**REINSTATEMENT 03**  
CHECK HERE IF MAKING CHANGES

**4. FEI Number** Applied For ☐ Not Applicable ☐

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
OPPENHEIM, STEVEN P  
800 BRICKELL AVENUE  
SUITE 1115  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
Name ANTONIO CLAUDIO BARCHI  
Street Address (P.O. Box Number is Not Acceptable)  
185 SE 14TH TERRACE #1601  
City MIAMI FL Zip Code 33131

**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 S. Oppenheim - REG. AGENT DATE 11/24/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DPST CARVALHO, GUILHERME ANTONIO CLAUDIO BARCHI 185 SE 14TH TERR #1601 - MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V. ADRIANO PIMENTA CARVALHO, LEONARDO ANTONIO CLAUDIO BARCHI 185 SE 14TH TERR #1601 - MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100025158891 12/02/03--01039--021 **\$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100025158891 12/26/03--01084--001 **\$200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 VICE PRESIDENT 11/24/03 305-416-5070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)