

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000135526

FILED  
May 14, 2003  
Secretary of State

**Entity Name:** CAPE TRUST INVESTMENTS, INC.

**Current Principal Place of Business:**

7231 SW 63 AVE STE 200  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7231 SW 63 AVE STE 200  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 54-2092504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, SILVIA  
6315 SW 90 COURT  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOREIRA, DOMINGO R  
Address: 4153 PINTA CT  
City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete  
Name: BRU, RAFAEL I  
Address: 4680 SW 74 ST  
City-St-Zip: CORAL GABLES, FL 33143

Title: STD ( ) Delete  
Name: MOREIRA, DOMINGO A  
Address: 5845 SW 100 ST  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINGO R. MOREIRA

PD

05/14/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date