**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Zip Country Zp Country S. Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired See Required  8. Name and Address of Current Registered Agent	1. Entity Nan	MENT # P9400 G CAPITAL CORPORATION	0056792		<u> </u>	F	eb 26, 2 Secreta 02-26-2002 9	ry o	f St	ate
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Sa.75 Addition  6. Name and Address of Current Registered Agent  Name  MENDOZA, CLAUDIO J  8276 S.W. \$3RD AVE.  MIAMI FL  City  FL  Zip Code  City  FL  Zip Code  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.  SIGNATURE  Signature, toward primes name diregistered agent and tate 1 applicable.  PITE  Signature, toward primes name diregistered agent and tate 1 applicable.  PITE  Signature is eligible to satisfy its Intangible Task filling requirement and elects to do so.  (See criteria on back)  Make Check Payable to Department of State  Defenders AND DIRECTORS IN THE NAME  SIREET ADDRESS  CITY-S1-79  MAMI FL  Delete  TITE  NAME  SIREET ADDRESS  CITY-S1-79  Change	8603 S. DIXIE SUITE 217		8275 SW 53 AVE MIAMI FL 33143			<u>-</u>   	112 13111 <b>612</b> 11 <b>13</b> 111 <b>62</b> 111	. 85(1) 82(6) 8	182 <b>8 3</b> 1831 1 <b>83</b> 11	<b>i 17</b> 11.4 1181 1231
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  S8.75 Addition Fee Required  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.	2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE  4. FEI Number  Applied For				
Zip Country Zip Country 5. Certificate of Status Desired See Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  MENDOZA, CLAUDIO J 8275 S.W. 53RD AVE. MIAMI FL  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.  SIGNATURE Signature, typed or primed harms of registered spen and title 1 applicable. (NOTE Registered Agent signature legister when reindatoring)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  D Mak	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
Size   Country   Zip   Country   S. Certificate of Status Desired   S8.75   Additional Country   See Prequired   S8.75   Additional Country   See Prepared Agent   Name   Street Address of New Registered Agent   Name   Street Address of New Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)   S8.75   Additional Country   S8.75   Additional Co	City & State		City & State							
MENDOZA, CLAUDIO J 8275 S.W. 53RD AVE. MIAMI FL  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  City  FL  Zip Code  City  C	Zip	Country	Zip	Counti	гу	5. Certificate of	<del></del>		8.75 Ad	ditional
MENDOZA, CLAUDIO J 8275 S.W. 53RD AVE. MIAMI FL  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.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax Riling requirement and elects to do so. (See criteria on back)  The Delete  TITLE  MAME  BOD S. DIXIE HWY., STE. 217  MAMI FL  Change  Delete  TITLE  MAME  SIREET ADDRESS  CITY-S1-2IP  TITLE  MAME  SIREET ADDRESS  CITY-S1-2IP  TITLE  MAME  SIREET ADDRESS  CITY-S1-2IP  Delete  TITLE  MAME  SIREET ADDRESS  CITY-S1-2IP  CITA STEET ADDRESS  CITY-S1-2IP  CITY-S1-2I		6. Name and Address of Current R	egistered Agent		· :	7. Name and A	ddress of New Rec	gistered A	gent	
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    Signature, typed or printed name of registered agent and site if applicable.   (NOTE: Registered Agent signature required when renstating)   DATE    9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   Signature (See criteria on back)   Signature (See criteria on back)   Title NOW!!! FEE IS \$150.00   After May 1, 2002 Fee will be \$550.00   Make Check Payable to Department of State    11. OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE   NAME   SIREET ADDRESS	8275 S.W. 53RD AVE.					(P.O. Box Number is Not Acceptable)				
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    Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when rendstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when rendstating)    Part	IND AND I E	•			City				Zip Cod	 le
TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL  Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 200	! FEE I	S \$150.00 rill be \$550.00	10. Elect		ncing		<b>00</b> May Be
MENDOZA, CLAUDIO J 8603 S. DIXIE HWY., STE. 217 MIAMI FL  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CI	HANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP CITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	name Street address	MENDOZA, CLAUDIO J 8603 S. DIXIE HWY., STE. 217	☐ Delete	NAME STREET	l.			j	☐ Change	☐ Addition
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