

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

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90063 009 \*\*\*150.00

DOCUMENT # P95000017171  
1. Entity Name  
Beatriz M. Capote, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 799 Brickell Plaza Suite, Apt. #, etc. 700		3. Mailing Address 799 Brickell Plaza Suite, Apt. #, etc. 700	
City & State Miami FL		City & State Miami FL	
Zip 33131	Country U.S.A.	Zip 33131	Country U.S.A.

DO NOT WRITE IN THIS SPACE

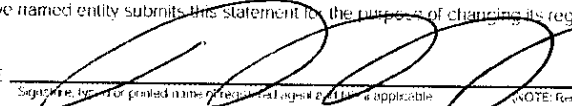
4. FEI Number 650560636	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Beatriz M. Capote
Street Address (P.O. Box Number is Not Acceptable) 799 Brickell Plaza
Suite 700
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.

SIGNATURE  DATE 4-18-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Beatriz M. Capote 799 Brickell Plaza, #700 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE:  DATE 4-18-02 305-374-1555

CR2E034B (12/01)