2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000075504** May 17, 2000 8:00 am Secretary of State LANCAP INVESTMENTS, INC. 05-17-2000 90927 037 ***150.00 Principal Place of Business Mailing Address 1399 S.W. FIRST AVENUE 1399 S.W. FIRST AVENUE 3RD FLOOR, C/O JOHN A. LANZETTA 3RD FLOOR, C/O JOHN A. LANZETTA MIAMI FL 33130-4327 MIAMI FL 33130 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0626054 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANZETTA, JOHN A Street Address (P.O. Box Number is Not Acceptable) 1399 S.W. FIRST AVENUE **MIAMI FL 33130** 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. DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DVP Change ☐ Delete TITLE TITLE LANZETTA, JOHN A NAME NAME 1399 S.W. FIRST AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP **MIAMI FL 33130** ☐ Addition Change Delete TITLE TITLE CAPPELLETTI. D NAME NAME STREET ADDRESS 31551 SW 193 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE <u>∗</u>NAME NAME STREET ADDRESS TREET ADDRESS

13. 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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an appears, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED THAME OF SIGNING OFFICER OR DIRECTOR

A. LANZETTA 4/21/00 (305)358-422