

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025794

1. Entity Name
CAPALBO & PARTNERS, INC.



FILED

03 MAY 20 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

~~220 71ST ST~~
~~SUITE 213~~
~~MIAMI BEACH FL 33141~~
~~US~~

Mailing Address

~~220 71ST ST~~
~~SUITE 213~~
~~MIAMI BEACH FL 33141~~
~~US~~

2. Principal Place of Business

12000 BISCAYNE BLVD
Suite, Apt. #, etc.
SUITE 507

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI

City & State

4. FEI Number

65-0754132

Applied For

Not Applicable

Zip

FL 33181

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIARATO, UGO V
~~220 71ST ST~~ 12000 BISCAYNE BLVD #507
~~STE 213~~
~~MIAMI BEACH FL 33141~~ MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
CAPALBO, FAUSTO
~~220 71ST ST SUITE 213~~ 12000 BISCAYNE BLVD
~~MIAMI BEACH FL 33141~~ MIAMI FL 33181

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
SURE 507

TITLE
NAME
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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

DA

04/27/2003 (305) 899.5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

0243606 AV