

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009424

1. Entity Name

CAPAVESI TRADING CORPORATION

Principal Place of Business

328 CRANDON BLVD.
SUITE #116
KEY BISCAYNE FL 33149
US

Mailing Address

2121 PONCE DE LEON
STE 240
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0724744

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES FL 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME BEHAR, CARLOS D
STREET ADDRESS 151 MAJORCA AVE, SUITE C
CITY-ST-ZIP CORAL GABLES FL 33134



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE TD
NAME LOPEZ, PAULA M
STREET ADDRESS 151 MAJORCA AVE, SUITE C
CITY-ST-ZIP CORAL GABLES FL 33134



TITLE P.T.S.D.
NAME PAULA M. LOPEZ
STREET ADDRESS 2121 PONCE DE LEON SUITE 240
CITY-ST-ZIP CORAL GABLES, FL. 33134



TITLE S
NAME FERNANDEZ, FRANCISCO J
STREET ADDRESS 151 MAJORCA AVE, SUITE C
CITY-ST-ZIP CORAL GABLES FL 33134



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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 11 or Block 12 if changed. Or, do an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula Lopez

04/23/01

3056093757

Date

Daytime Phone #

CR2E034 (10/00)