2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000009424**

1. Entity Name

CAPAVESI TRADING CORPORATION Principal Place of Business Mailing Address 328 CRANDON BLVD. 2121 PONCE DE LEON **SUITE #116** STE 240 KEY BISCAYNE FL 33149 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0724744 Zip Country Zip Country \$8.75 Additional 5 Certificate of Status Desired

FILED Apr 27, 2001 8:00 am Secretary of State

04-27-2001 90339 050 ***158.75



Applied For

Not Applicable

				J. 0	cromedie of diatas besires	Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
				Name				
PRATS, GABRIEL								
2121 PONCE DE LEON BLVD			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
STE 240								
CORA	AL GABLES FL 33134		City			Zip Code		
			J 01.,			Zip Code		
8. The above	named entity submits this statement fo	r the ourpose of changing its	reaistered office or	registered age	ent, or both, in the State of Florid	da.		
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SIGNATURE _	Signature, typed or printed name of registered agent a	MOTE (NOTE)	: Registered Agent signatu	ra zaguired when re	inetat an)	DATE		
	Signature, typed or printed haine or registe. ed agent o	and the mappicable. (NOTE	. Hogistered Agent signate	re regained when re				
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! F			!! FEE IS \$150.0	00	10 Flooring Companies Fine	AF 0	_	
Tax filling r	equirement and elects to do so.	After MAY 1, 200	MAY 1, 2001 Fee will be \$550.00		 Election Campaign Finar Trust Fund Contribution. 	ΨΟ.υ.	May Be to Fees	
(See criter	ia on back)	Make Check Payab	le to Department	of State	Trust Fund Contribution.	□ ∧uueu	10 1 662	
11. OFFICERS AND DIRECTORS			12.	AD	L	ERS AND DIRECTORS	3 IN 11	
TITLE	PCD	X Delete	TITLE	,		☐ Change	Addition	
NAME	BEHAR, CARLOS D	Delete	NAMÉ			L., Orlange	Addition	
1			STREET ADDRESS					
STREET ADDRESS	151 MAJORCA AVE, SUITE C		CITY-ST-ZIP					
CITY-ST-ZIP	CORAL GABLES FL 33134		Q11 T - 52 - ZIP					
TITLE	TD	☐ Delete	TITLE	P.T.S.	.D.	💢 Change	Addition	
NAME	LOPEZ, PAULA M		NAME	PAULA	M. LOPEZ			
STREET ADDRESS	151 MAJORCA AVE, SUITE C		STREET ADDRESS	2121 I	PONCE DE LEON	SUITE 240		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY - ST - ZIP			33134		
TITLE	S	Delete	TITLE		•	☐ Change	☐ Addition	
NAME	FERNANDEZ, FRANCISCO J	/ \	NAMÉ					
STREET ADDRESS	151 MAJORCA AVE, SUITE C		STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	1				
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NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CLTY-ST-ZIP					
4 hearachus	certify that the information supplied wit	h this filing does not qualify to	r the exemption etc	ted in Section	119 07(3)(i) Florida Statutos I	further certify that the i	nformation	
11101009	on this supplied the information supplied with	is true and accurate and that	my cianature chall b	nove the come	docal offect as if made under a	oth that I am an office	or director	

กุษเฉลาเดิม จากนายรายอาการ uppliermental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that i am an officer or director of the coers of 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 at an arrattachment with an address, with all other like empowered.