

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90620 022 ***150.00

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

328 CRANDON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

116

City & State

City & State

KEY BISCAYNE FL

Zip

Country

Zip

Country

33149

DADE

4. FEI Number

65-0724744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

Name

LOPEZ, PAULA

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

328 CRANDON BLVD

#116

City

KEY BISCAYNE FL

Zip Code

33149

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, 2002 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

TITLE **PSTD**
NAME **LOPEZ, PAULA M**
STREET ADDRESS **2121 PONCE DE LEON, STE #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**
NAME **LOPEZ, PAULA**
STREET ADDRESS **328 CRANDON BLVD**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PAULA LOPEZ

04-08-02

305-3651993

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)