

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90022 050 ***150.00

DOCUMENT # P97000095598

1. Entity Name
CAPITAL 1 REAL ESTATE CORPORATION

Principal Place of Business Mailing Address
7245 SW 42 TERRACE 7245 SW 42 TERRACE
MIAMI FL 33155 MIAMI FL 33155-4538

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 **65-0803954** 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

7. Name and Address of New Registered Agent

ECHEVARRIA, ALEXIS
7245 SW 42 TERRACE
MIAMI FL 33155

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 _____ (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, 2000 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 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE **DP**
 NAME **ECHEVARRIA, ALEXIS**
 STREET ADDRESS **7245 SW 42 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST**
 NAME **ECHEVARRIA, PEDRO**
 STREET ADDRESS **7245 SW 42 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33155**

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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 *Alexis Echevarria* **Alexis Echevarria** Date **3/29/2000** Daytime Phone # **305-262-9444**