


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State
09-08-2003 90127 022 ***550.00

0096216 AV

DOCUMENT # P98000005329	
1. Entity Name CUPE CAPITAL & INVESTMENT, INC.	

Principal Place of Business 9600 SW 8TH ST #24 MIAMI FL 33174	Mailing Address 9600 SW 8TH ST #24 MIAMI FL 33174
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2. Principal Place of Business 9600 S.W. 8th St	3. Mailing Address 9600 S.W. 8th St
Suite, Apt. #, etc. ste 25	Suite, Apt. #, etc. ste 25
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33174	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0863910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINCOCES PA, RODEIGUEZ 2121 PONCE DE LEON STE 1035 CORAL GABLES FL 33134	
7. Name and Address of New Registered Agent Name: Rodriguez & Quincoces, P.A. Street Address (P.O. Box Number is Not Acceptable) 2121 Ponce de Leon Blvd. Suite 1035 City: Coral Gables FL Zip Code: 33134	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PUIG, RENE 3000 S.W. 121 AVENUE MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV PUIG, SILVIA 3000 SW 121 AVE MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **REQUIRED**
8/14/03 (305) 225-2121
Date Daytime Phone #

CR2E034 (4/03)