

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90055 049 \*\*\*150.00

**DOCUMENT # P98000059990**



1. Entity Name  
**CAPOQUEN MONEY & SERVICES, INC.**

Principal Place of Business  
**8150 S.W. 8TH STREET  
SUITE 124  
MIAMI FL 33144**

Mailing Address  
**8150 S.W. 8TH STREET  
SUITE 124  
MIAMI FL 33144**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0848288</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |          |  |
|---|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent                                   |  |  |  | 7. Name and Address of New Registered Agent        |  |          |  |
| <b>ALFONSO, PEDRO A<br/>8150 S.W. 8TH STREET<br/>SUITE 124<br/>MIAMI FL 33144</b> |  |  |  | Name   |  |          |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |          |  |
|   |  |  |  | City   |  |          |  |
|   |  |  |  | <b>FL</b>  |  | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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                      | <b>PST</b>                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>NIETO, VIRGINIA</b>              |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>8150 SW 8TH STRETT SUITE 124</b> |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>MIAMI FL 33144</b>               |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <b>VTD</b>                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>ALFONSO, PEDRO A</b>             |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>9362 NW 121 ST.</b>              |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>HIALEAH FL 33018</b>             |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                     |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                     |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                     |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                     |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                     |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                     |                                 | CITY-ST-ZIP   |                                 |                                   |

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: *Pedro Alfonso Nieto* **SIGNATURE REQUIRED** *for 1050* **01/06/2002 (305) 267-2555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)