

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90002 007 ***158.75

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DOCUMENT # P98000095437

1. Entity Name
CAP ENGINEERS GROUP INC.

Principal Place of Business Mailing Address
100 MIRACLE MILE 3RD FLOOR **100 MIRACLE MILE 3RD FLOOR**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address
6410 Granada Blvd. **6410 Granada Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Coral Gables, FL **Coral Gables, FL** **NOT APPLICABLE** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33146 **U.S.A.** **33146** **U.S.A.**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
PENIN, CARLOS S
100 MIRACLE MILE 3RD FLOOR
CORAL GABLES FL 33134
 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 *Carlos A. Penin* *Carlos A. Penin* **2/28/01**
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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D PENIN, CARLOS S STREET ADDRESS 100 MIRACLE MILE 3RD FLOOR CITY-ST-ZIP CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME PENIN, CARLOS A STREET ADDRESS 6410 GRANADA BLVD CITY-ST-ZIP CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S PENIN, CARLOS A STREET ADDRESS 100 MIRACLE MILE 3RD FLOOR CITY-ST-ZIP CORAL GABLES FL 33134	<input type="checkbox"/> Delete	TITLE NAME Penin, Carlos A STREET ADDRESS 6410 Granada Blvd. CITY-ST-ZIP Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlos A. Penin* *Carlos A. Penin* **2/28/01** **(305) 461-5179**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)