2000 UNIFORM BUSINESS REPORT (UBR) *5*/1 FILED DOCUMENT # P9900001228 Jun 06, 2000 8:00 am Secretary of State 1. Entity Name FIRST CAPITAL MANAGEMENT, CORP. 05-16-2000 90059 011 ***150.00 Mailing Address Principal Place of Business C/O MICHAEL ORTIZ C/O MICHAEL ORTIZ 2665 SOUTH BAYSHORE DRIVE #902 2665 SOUTH BAYSHORE DRIVE #902 MIAMI FL 33133-5401 MIAMI FL 33133 Mailing Address 2. Principal Place of Business MOHT WIP ₽O€ 1477 S. MIAMI TIRST CAPIME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc AUC. MIANI Mγ FLOOR 477 S. 4. FEIN MIDER SO37 Applied For City & State City & State MIAM Not Applicable MIAM! Country \$8.75 Additional USA 5._Certificate of Status Desired... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MGHT CAPOTAL ORTIZ, MICHAEL 2665 SOUTH BAYSHORE DRIVE SUITE 902 MIAMI FL 33133 HMHI 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee: will be \$550.00-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. 66/6) PRESIDENT ☐ Change Addition Delete TITLE TITLE PATRICK GONZALEZ NAME CR2E034 1477 S. MIANI AUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIAHÌ PL. 33130 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition Change ☐ Delete TITI E NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete IIILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change BILE ☐ Delete TITLE NAME NAME <u>ب</u>. STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CDY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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