

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90105 022 \*\*\*550.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P99000001228**

1. Entity Name

FIRST CAPITAL MANAGEMENT, CORP.

Principal Place of Business

FIRST CAPITAL MGMT CORP  
 1477 S MIAMI AVE  
 MIAMI FL 33130

Mailing Address

1477 S MIAMI AVE  
 2ND FLOOR  
 MIAMI FL 33130

2. Principal Place of Business

FIRST CAPITAL MGMT. CORP.

3. Mailing Address

2100 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 504

STE. 504

City &amp; State

2100 CORAL WAY MIAMI, FL.

City &amp; State

MIAMI FL.

Zip

33145

Country

U.S.A.

Zip

33145

Country

U.S.A.

4. FEI Number

65-0885037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

FIRST CAPITAL MGMT CORP

1477 S MIAMI AVE  
 2ND FLOOR  
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name **PATRICK GONZALEZ**

Street Address (P.O. Box Number is Not Acceptable)

2100 CORAL WAY

STE. 504

City **MIAMI**

FL

Zip Code

33145

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

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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GONZALEZ, PATRICK	1477 S MIAMI AVE	MIAMI FL 33130	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/02

CR20034 (4/02)