

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.
STE. 504

City & State
2100 CORAL WAY MIAMI, FL.

City & State
MIAMI FL.

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

7. Name and Address of New Registered Agent

**FIRST CAPITAL MGMT CORP
1477 S MIAMI AVE
2ND FLOOR
MIAMI FL 33130**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (4/02)

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 **9/13/02**
Daytime Phone #



DO NOT WRITE IN THIS SPACE