DOCUMENT # P99000019031

1. Entity Name

CAPITOLIUM INTERNATIONAL CONSULTING, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

Suite E-4

13200 S.W. 128th Street

Mailing Address

13054 SW 133RD COURT MIAMI FL 33186

13054 SW 133RD COURT MIAMI FL 33186-5855

3. Mailing Address

Suite E-4

Suite, Apt. #, etc.

13200 S.W. 129th Street

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90068 044 ***158.75



City & State Miami, Florida		City & State Miami, Florida		4.	4. FEI Number 65-0898334			oplied For ot Applicable
Zip 33186	Country U S A	^{Zip} 33186	Country US	A 5.	Certificate of Status Desired	ХX	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7.	Name and Address of New F	legistered	Agent	
	0.111.11.500		Name	· · · · · ·				
MACDANIEL, JOHN M ESQ. ONE BISCAYNE TOWER, SUITE 2975 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Cod	e
8. The above named enti	ty submits this statement for	the purpose of changing its	registered office of	r registered ac	gent, or both, in the State of Flo	orida.		
SIGNATURE Signature, type	d or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signa	ture required when r	einstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! I After MAY 1, 2000 Make Check Payable to				550.00	10. Election Campaign Fir Trust Fund Contributio			O May Be I to Fees
11.	OFFICERS AND I	DIRECTORS	12.	Αί	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13200 S	n Ribeiro .W. 128 Street Florida 33186		☐ Change	△ Maddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marcelo 13200 S		iite E-	Change	XX Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

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 point at other like empowered.

SIGNATURE:

MARCELO VIETRA SECRETOR