

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90110 017 ***158.75

DOCUMENT # P99000019031

1. Entity Name

CAPITOLIUM INTERNATIONAL CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

B0056784

2. Principal Place of Business
13200 S.W. 128th Street

3. Mailing Address
13200 S.W. 128th Street

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. E-4

Ste. E-4

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

65-0898334

Applied For

Not Applicable

Zip

Country

33186

USA

Zip

Country

33186

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

John M. MacDaniel, P.A.

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

2 South Biscayne Blvd. Ste# 2975

City

Miami

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

**January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**P/T
Daviilson Ribeiro
13200 S.W. 128th Street Ste# E-4
Miami, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
Marcelo Vieira
13200 S.W. 128th Street Ste#E-4
Miami, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELO VIEIRA Secretary

03/18/02

Date

305 9890031

Daytime Phone #

CR2E034B (12/01)