

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90049 015 ***155.00

1. Entity Name
CAPSTONE INVESTMENTS, INC.

Mailing Address

~~2525 SW 3RD AVENUE SUITE 304~~
~~MIAMI FL 33129~~

3. Mailing Address

15500 New Barker Rd

Suite, Apt. #, etc.

Ste 107

City & State
Kalamazoo, MI

Country

Registered Agent	
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7. Name and Address of New Registered Agent

2525 SW 3RD AVENUE SUITE 304
MIAMI FL 33129

NICHOL GIASI

Street Address (P.O. Box Number Is Not Acceptable)
15500 New BARN RD.

57c #107

City MIAMI LAKES

FI

Zip Code 33014

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/23/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	PVST	<input type="checkbox"/> Delete
NAME	GIASI, MICHAEL	
STREET ADDRESS	2525 SW 3RD AVENUE SUITE 304	
CITY - ST - ZIP	MIAMI FL 33129	

TITLE	D	<input type="checkbox"/> Delete
NAME	GIASI, MICHAEL	
STREET ADDRESS	2525 SW 3RD AVENUE SUITE 304	
CITY-ST-ZIP	MIAMI FL 33129	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15500 New Barn Rd. Ste 107
CITY - ST - ZIP	Mt Pleasant, FL 33014

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	15500 New Ford Rd Ste 107		
CITY - ST - ZIP	Miami Lakes, FL 33014		

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

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

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

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

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 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: _____

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CR2E034 (9/01)