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2001 UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # 199 P99000058666 4						FILED				
FLORIDA CAPITAL INVESTMENT, INC.						01 HAY -9 PM 12: 18				
Pincipal Place of Business 7748 NW 47th Dr. Coral Springs, FL 33067						SEGRETAR MORISTAITE TABLEAHASSEE, FLORIDA				
Principal Place of Business 3. Mailing Address										
Suite, Apt.	#, clc.	Suite. Act. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	de	City & State			4.	FEI Number			ppl ed For ot Applicable	
Zip	Country	Zip	Count	лу	5.	Certificate of Status Desired		\$8.75 Add Fee Require		
<u>.</u>	6. Name and Address of Current Re	gistered Agent			7. 1	Name and Address of New	Registered A	gent		
Abilio Jose Martins				'Name		-	•		1	
7748 N	W 47th Dr. Springs, FL 33067		Street Add	eet Address (P.O. Box Number is Not Acceptable) 100043423812 -06/05/0101094004						
			City		***	3 80.60 FL	Zip Cod	30.00		
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 Sgnature. Types on primed name of registered agent by 6 file if applicability (NOTE: Registered Agent) signature required when reinstating)							4/30/C	9/.	·	
9. This corpo		IS \$150.00 Will be \$55		10. Election Campaign f			0 May 8e			
Tax filing requirement and elects to do so. (See criteria on back) After M. Make Chec					of State	Trust Fund Contribut	1 1	* 35 m*	to Fees	
TITLE	P/T/D	Delete	TITLE		Marie C	7		Change	Addit.on	
NAME STREET ADORESS	Abilio Jose Martins 7748 NW 47th Dr. SII					201	·a s-			
CITY-ST-ZIP TITLE NAME	VP/S/D Claudia Regina M.	□ Delete	TITLE		? .4.	10	00 - A	BAR.	Acdition	
STREET ADDRESS CITY+ST-ZIP	7748 NW 47th Dr.			T ADORESS ST-ZIP		: 88·	75-A	RSupp	P	
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CITY+ST-ZIP	la Ltda.# 106 KM5 Sao Goncalo, Rio d	# 2001 le Jan <u>e</u> iro —	STREE CITY-	T ADDRESS ST-ZIP			<u> </u>			
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CITY-ST-ZIP		4		S1-ZIP						
TOTALE .	D Mirak S/A	☐ Delete	TITLE					Change	Acdit on	
NAME STREET ADDRESS CITY-ST-ZIP	Estado Amaral Peixoto KM 11,5			I ADDRESS	•					
TITLÉ	Brazil.	☐ De/ele	TITLE					Change_	Addition	
NAME			NAME					S	5 P	
STREET ADDRESS CITY-ST-ZIP			CITY-S							
13. Thereby 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 cath, that I am an officer or director of the corporation or the receiver of flustree 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 In address, with all other like empowered.										
SIGNATURE: Man J. Was D4/30/0/ (954)420005/ BIGNATURE AND TYPED OR PRINTED NAMEDO SIGNING OFFICER OR DIRECTOR D196000000000000000000000000000000000000										

Pompano Beach - Florida, May 4, 2001.

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

FLORIDA CAPITAL INVESTMENT, INC.

When I looked up this Incorporation on the Internet I noticed that I had no filed my Annual Report for the year of 2,000. Since I never received the Annual Report for the year of 2,000 and this year 2001, I would have to file it.

Since this happened against my will, I would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 300.00, plus the completed Form. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerelly.

Abilio Jose Martins

7748 NW 47TH Dr.

Coral Springs, FL 33067