

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90212 010 ***158.75

0180350 AV

DOCUMENT # P99000058666

1. Entity Name
FLORIDA CAPITAL INVESTMENT, INC.

Principal Place of Business

~~7748 N.W. 47TH DR~~
~~CORAL SPRINGS FL 33067~~

Mailing Address

~~7748 N.W. 47TH DR~~
~~CORAL SPRINGS FL 33067~~

2. Principal Place of Business

2266 NW 30 PL

Suite, Apt. #, etc.

3. Mailing Address

2266 NW 30 PL

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

US

City & State

Pompano Beach, FL

Zip

33069

Country

US

4. FEI Number

65-0931641

Applied For

Not Applicable

5. Certificate of Status Desired

8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINS, ABILIO J

~~7748 N.W. 47TH DR~~

~~CORAL SPRINGS FL 33067~~

7. Name and Address of New Registered Agent

Name

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

2266 NW 30 PL

City

Pompano Beach

FL

Zip Code

33069

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)

☐

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 **PTD** ☐ Delete

NAME **MARTINS, ABILIO J**
STREET ADDRESS **7748 N.W. 47TH DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **VPSD** ☐ Delete

NAME **DE LIMA REGINA, CLAUDIA M X**
STREET ADDRESS **7748 N.W. 47TH DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **D** ☐ Delete

NAME **DE MINERACAO, EME EMPRESA ESTRE**
STREET ADDRESS **LA LTDA 106 KM5 2001**
CITY-ST-ZIP **SAO GONCALO RIO DE JANEIRO 33141**

TITLE **D** ☐ Delete

NAME **MIRAK, SA**
STREET ADDRESS **ESTADO AMARALPEIXOTO KM 11-5**
CITY-ST-ZIP **SAO GONCALO RIO DE JANEIRO**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTINS, A. 1-22-02 954-5902757

Date

Daytime Phone #

CR2E034 (9/01)