

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90063 040 \*\*\*150.00

**DOCUMENT # P99000062462**

1. Entity Name  
**INTERCAPITAL HOLDINGS, INC.**

Principal Place of Business <b>799 BRICKELL PLAZA          SUITE 100          MIAMI FL 33131</b>	Mailing Address <b>799 BRICKELL PLAZA          SUITE 100          MIAMI FL 33131</b>
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**C0036361**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>848 Brickell Ave.</b>	3. Mailing Address <b>848 Brickell Ave.</b>
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Suite, Apt. #, etc. <b>Suite 601</b>	Suite, Apt. #, etc. <b>Suite 601</b>
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City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>
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4. FEI Number <b>65-0933547</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Name  
**VALCORP SECURITIES, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**848 Brickell Ave. Suite 601**  
 City **Miami** **FL** Zip Code **33131**

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 *Juan Santaella* **Valcorp Securities, Inc.** **Juan Santaella, President** **03-20-01**  
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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANTAELLA, JUAN 799 BRICKELL PLAZA SUITE 100 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANTAELLA, HECTOR 799 BRICKELL PLAZA SUITE 100 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANTAELLA, JUAN B 799 BRICKELL PLAZA SUITE 100 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, President Juan Santaella 848 Brickell Ave. Suite 601 Miami, FL 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Secretary Hector Santaella 848 Brickell Ave. Suite 601 Miami FL 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Vice President Juan B. Santaella 848 Brickell Ave. Suite 601 Miami FL 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Juan Santaella* **Juan Santaella, President** **03-20-01** **305 3770757**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)