

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064111

1. Entity Name

FIRSTCAPITAL INVESTMENTS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90050 021 \*\*\*150.00

Principal Place of Business

Mailing Address

1001 BRICKELL BAY DRIVE  
 SUITE 1812  
 MIAMI FL 33131

1001 BRICKELL BAY DRIVE  
 SUITE 1812  
 MIAMI FL 33131-4939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

ZULINO, ANTONIO CARLOS  
 1001 BRICKELL BAY DRIVE  
 SUITE 1812  
 MIAMI FL 33131

Name

LEAL, ALEXANDRE AUGUSTO

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

1001 BRICKELL BAY DRIVE, UNIT 1812

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

*Alexandre Augusto Leal*

ALEXANDRE AUGUSTO LEAL

05/01/00

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, 2000 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 **D** ☒ Delete  
 NAME ZULINO, ANTONIO CARLOS  
 STREET ADDRESS 1001 BRICKELL BAY DRIVE  
 CITY-ST-ZIP MIAMI FL 33131

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME LEAL, ALEXANDRE AUGUSTO  
 STREET ADDRESS 1001 BRICKELL BAY DRIVE, UNIT 1812  
 CITY-ST-ZIP MIAMI-FL-33131

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Alexandre Augusto Leal*

ALEXANDRE A. LEAL 05/01/00

(305) 856-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)