

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000064111**1. Entity Name
FIRSTCAPITAL INVESTMENTS, INC.

Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 1812 MIAMI 33131 FL	Mailing Address 1001 BRICKELL BAY DRIVE SUITE 1812 MIAMI 33131 FL
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2. Principal Place of Business 20801 BISCAYNE BLVD.	3. Mailing Address 20801 BISCAYNE BLVD.
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Suite, Apt. #, etc. SUITE 403	Suite, Apt. #, etc. SUITE 403
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City & State AVENTURA FL	City & State AVENTURA FL
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Zip 33180	Country	Zip 33180	Country
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4. FEI Number
☒ Applied For
☒ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LEAL ALEXANDRE A**
1001 BRICKELL BAY DR, UNIT 1812

MIAMI FL
33131**7. Name and Address of New Registered Agent**Name
LEAL ALEXANDRE A
Street Address (P.O. Box Number is Not Acceptable)
20801 BISCAYNE BLVD.
SUITE 403
City
AVENTURA FL Zip Code
33180

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****02/07/2001**

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**

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	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR FINKIEL ALBERTO 20801 BISCAYNE BLVD. SUITE 403 AVENTURA FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LEAL RONALD 20801 BISCAYNE BLVD. SUITE 403 AVENTURA FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LEAL ALEXANDRE A 20801 BISCAYNE BLVD. SUITE 403 AVENTURA FL 33180	<input checked="" 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: Alexandre Augusto Leal**MR****02/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

ALBERTO FINKIEL - VICE-PRESIDENT
20801 BISCAYNE BLVD.
SUITE 403
AVENTURA, FL 33180

RONALD LEAL - PRESIDENT
20801 BISCAYNE BLVD.
SUITE 403
AVENTURA, FL 33180