

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27755

1. Entity Name

MIAMI CAPE CORPORATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90072 050 ***150.00

Principal Place of Business

Mailing Address

1801 S.W. 3RD AVE.
MIAMI FL 33129-1416

1801 S.W. 3RD AVE.
MIAMI FL 33129-1487

2. Principal Place of Business

3162 COMMODORE PLAZA

Suite, Apt. #, etc.

#3A

City & State

MIAMI, FL

Zip

33133

Country

U.S.A.

3. Mailing Address

3162 COMMODORE PLAZA

Suite, Apt. #, etc.

#3A

City & State

MIAMI, FL

Zip

33133

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0346582

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

JIMENEZ, ROSE G.
1801 SW 3RD AVE.
8TH FLOOR
MIAMI FL 33129

Name

JIMENEZ, ROSE G.

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

3162 COMMODORE PLAZA #3A

City

MIAMI,

FL

Zip Code

33133

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

Rose G. Jimenez

ROSE G. JIMENEZ

4/18/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
MEIRELES, CLETO CAMPELO
1801 SW 3RD AVE., 8TH FLOOR
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3162 COMMODORE PLAZA #3A
MIAMI, FL 33133

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MEIRELES, CLAUDIA MARIA
1801 SW 3RD AVE., 8TH FLOOR
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3162 COMMODORE PLAZA #3A
MIAMI, FL 33133

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MEIRELES, PAULO CESAR
1801 SW 3RD AVE., 8TH FLOOR
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3162 COMMODORE PLAZA #3A
MIAMI, FL 33133

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PERDIGAO, MARCIO C
1801 SW 3RD AVE 8TH FLOOR
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3162 COMMODORE PLAZA #3A
MIAMI, FL 33133

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
JIMENEZ, ROSE G
1801 SW 3RD AVE 8TH FLOOR
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3162 COMMODORE PLAZA #3A
MIAMI, FL 33133

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Rose G. Jimenez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSE G. JIMENEZ

4/18/00

Date

(305) 448-5333

Daytime Phone #

CR2E034 (9/99)