## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM V27755 DOCUMENT # 1. Entity Name **Secretary of State** MIAMI CAPE CORPORATION, INC. Principal Place of Business Mailing Address 3162 COMMODORE PLAZA 3162 COMMODORE PLAZA MIAMI FL MIAMI FL 33133 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0346582 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JIMENEZ ROSE G. 3162 COMMODORE PLAZA Street Address (P.O. Box Number is Not Acceptable) #3A MIAMI FL33133 US Zip Code 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 04/30/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition JIMENEZ. MAME ROSE G NAME 3162 COMMODORE PLAZA, #3A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP $\mathbf{v}$ ☐ Delete TITLE ☐ Change NAME PERDIGAO MARCIO C NAME STREET ADDRESS 3162 COMMODORE PLAZA, #3A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Delete TITLE X Change ☐ Addition MEIRELES, PAULO CESAR NAME MEIRELES PAULO CVSTREET ADDRESS 3162 COMMODORE PLAZA, #3A STREET ADDRESS 3162 COMMODORE PLAZA, #3A CITY-ST-ZIP MIAMI $\mathbf{FL}$ 33133 CITY-ST-ZIP МІАМІ FL. 33133 ☐ Delete TITLE **X** Change ☐ Addition MEIRELES, CLAUDIA MARIA NAME MEIRELES CLAUDIA STREET ADDRESS 3162 COMMODORE PLAZA, #3A STREET ADDRESS 3162 COMMODORE PLAZA, #3A CITY-ST-ZIP 33133 CITY-ST-ZIP MIAMI FL33133 TITLE Delete TITLE PDT X Change ☐ Addition MEIRELES, CLETO CAMPELO NAME MEIRELES CLETO CPDT STREET ADDRESS 3162 COMMODORE PLAZA, #3A STREET ADDRESS 3162 COMMODORE PLAZA, #3A CITY-ST-ZIP 33133 CITY-ST-ZIP MIAMI FL33133 Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: ROSE GRACE JIMENEZ S 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #