

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55380

1. Entity Name

CAPILL' FRANCE INTERNATIONAL CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90095 045 ***150.00

Principal Place of Business

6954 N.W. 51 ST.
SUITE 201
MIAMI FL 33166
US

Mailing Address

6954 N.W. 51 ST.
SUITE 201
MIAMI FL 33166
US

2. Principal Place of Business

6954 N.W. 51 ST
Suite, Apt. #, etc.
201

3. Mailing Address

6954 N.W. 51 ST
Suite, Apt. #, etc.
201

City & State

miami/FL

Zip

33166

Country

U.S.

City & State

Miami/FL

Zip

33166

Country

U.S.

4. FEI Number 65-0355553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, DANIEL
3118 N.W. 99 PL.
SUITE 201
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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	P	<input type="checkbox"/> Delete
NAME	PEREZ, DANIEL D.	
STREET ADDRESS	3118 N.W. 99 PL.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, DANIEL G.	
STREET ADDRESS	3118 N.W. 99 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDRES, PEREZ D.	
STREET ADDRESS	3118 N.W. 99 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, LUCY	
STREET ADDRESS	6954 NW 51ST ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andres Perez D.	
STREET ADDRESS	3118 NW 99 PL	
CITY-ST-ZIP	Miami FL 33172	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Perez D	
STREET ADDRESS	3118 NW 99 PL	
CITY-ST-ZIP	Miami FL 33172	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Nader	
STREET ADDRESS	3118 NW 99 PL	
CITY-ST-ZIP	Miami FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Nobmann	
STREET ADDRESS	6954 NW 51 ST	
CITY-ST-ZIP	Miami FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 16/00 305-994-7627

CR2E034 (10/00)