

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90076 028 ***150.00

DOCUMENT # 240296

1. Entity Name
CAPCO PRODUCTS, INC.

Principal Place of Business 2020 N.W. MIAMI CT. MIAMI FL 33127	Mailing Address 2020 N.W. MIAMI CT. MIAMI FL 33127
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2. Principal Place of Business
 3. Mailing Address
c/o Ronald H. Gitter, Esq.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Same as Mailing

City & State Address
NY, NY

4. FEI Number **59-0918119**
 Applied For
 Not Applicable

Zip Country
10022 USA

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

COTON, ELISA
2020 NW MIAMI COURT
MIAMI FL 33127

Name
Coton, Elisa
 Street Address (P.O. Box Number is Not Acceptable)
18 Essex Ave.
 City **Hialeah** **FL** Zip Code **33010**

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 _____ DATE _____
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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUCKERMAN, ENID 875 WEST END AVE., APT. 12F NEW YORK NY 10025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. and Secy. and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTON, ELISA 2020 NW MIAMI COURT MIAMI FL 33127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GITTER, RONALD H 110 EAST 59TH ST NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZUCKERMAN, SUZAN 7540 LEXINGTON AVE. LOS ANGELES CA 90046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, DEBRA 69 HAVERSTOCK HILL LONDON ENGLAND NW3- 4SL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DAVID 88 BLEECKER STREET, #6N NEW YORK NY 10012 <input type="checkbox"/> Delete	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: Enid Zuckerman **4/6/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)