

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90867 001 \*\*\*300.00

**DOCUMENT # J02437**  
**1. Entity Name**  
**THE CAPCO GROUP, INC.**

<b>Principal Place of Business</b>		<b>Mailing Address</b>	
2020 NW MIAMI COURT MIAMI FL 33127 US		2020 NW MIAMI COURT MIAMI FL 33127-4920 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <b>NOT APPLICABLE</b>				<b>Applied For</b>			
				<input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>				
MURPHY, WILLIAM F. 2020 NW MIAMI COURT MIAMI FL 33127			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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ZUCKERMAN, ENID	TITLE	
NAME	875 WEST END AVE.	NAME	
STREET ADDRESS	NEW YORK NY 10025	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP COTON, ELISA	TITLE	
NAME	2020 N.W.	NAME	
STREET ADDRESS	MIAMI FL 33127	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST GITTER, RONALD H	TITLE	
NAME	110 EAST 59TH ST	NAME	
STREET ADDRESS	NEW YORK NY 10022	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD ZUCKERMAN, SUSAN	TITLE	
NAME	7540 LEXINGTON AVE	NAME	
STREET ADDRESS	LOS ANGELES CA 90046	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ZUCKERMAN, DEBRA	TITLE	
NAME	69 HAVERSTOCK HILL	NAME	
STREET ADDRESS	LONGON ENGLAND NW3- 4SL	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** *Elisa Coton* **ELISA COTON** **04/27/00** **305-573-8120**

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

CR2E034 (9/99)