

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746641

1. Entity Name

CAPRI A ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90119 006 ****61.25

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1953442

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SWATT, MYRON
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

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 signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME ROSENSON, IRMA
STREET ADDRESS 5 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME PETERS, BEN
STREET ADDRESS 25 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☒ Change ☐ Addition
NAME Peters, Ben
STREET ADDRESS 25 Capri A
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME FEINMAN, SARA
STREET ADDRESS 14 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME FORREST, JOSEPH
STREET ADDRESS 17 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DD ☒ Delete
NAME FADER, MICHAEL
STREET ADDRESS 19 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
NAME Rosenberg, Paul
STREET ADDRESS 8 Capri A
CITY-ST-ZIP

TITLE P ☒ Delete
NAME ROSEN, ESTELLE
STREET ADDRESS 11 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Caspi, minnie
CITY-ST-ZIP 34 Capri A

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/2/00

561-496-2405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)