

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90177 007 \*\*\*\*61.25

**DOCUMENT # 742381**  
 1. Entity Name  
**CAPRI K ASSOCIATION, INC.**

Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC.          6300 PARK OF COMMERCE BLVD.          BOCA RATON FL 33487-8290</b>	Mailing Address <b>PRIME MANAGEMENT GROUP, INC.          6300 PARK OF COMMERCE BLVD.          BOCA RATON FL 33487-8290</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1856178</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**SWATT, MYRON  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME	<input type="checkbox"/> Delete
<b>P RIGOLETTO, RAY</b>	
STREET ADDRESS	<b>514 CAPRI K</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
<b>T DUBIN,</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>491 CAPRI K</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
<b>D GINSBURG,</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>527 CAPRI K</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
<b>VD DUMOCH, IRV</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>513 CAPRI K</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
<b>S COTLER, SHIRLEY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>502 CAPRI K</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>
<b>D KOTLER,</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>509 CAPRI K</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TD Ehrlich, Julius</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>481 Capri K</b>
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D Kotler, Shirley</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>509 Capri K</b>
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>SD Tresh, Abe</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>507 Capri K</b>
CITY-ST-ZIP	

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** *Raymond Rigoleto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)