

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90328 004 \*\*\*\*61.25

**DOCUMENT # 742381**

1. Entity Name  
**CAPRI K ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**PRIME MANAGEMENT GROUP, INC.**      **PRIME MANAGEMENT GROUP, INC.**  
**6300 PARK OF COMMERCE BLVD.**      **6300 PARK OF COMMERCE BLVD.**  
**BOCA RATON FL 33487-8290**      **BOCA RATON FL 33487-8290**



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 **59-1856178**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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      **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 \_\_\_\_\_

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RIGOLETTO, RAY</b>	
STREET ADDRESS	<b>514 CAPRI K</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>EHRlich, JULIUS</b>	
STREET ADDRESS	<b>481 CAPRI K</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GINSBURG,</b>	
STREET ADDRESS	<b>527 CAPRI K</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUMOCH, IRV</b>	
STREET ADDRESS	<b>513 CAPRI K</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COTLER, SHIRLEY</b>	
STREET ADDRESS	<b>509 CAPRI K</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>TRESH, ABE</b>	
STREET ADDRESS	<b>507 CAPRI K</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRESH, ABE</b>	
STREET ADDRESS	<b>507 CAPRI K</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dumoch, Irv</b>	
STREET ADDRESS	<b>513 CAPRI K</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRESH, ABE</b>	
STREET ADDRESS	<b>507 CAPRI K</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>	

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 OF REGISTERED AGENT *Raymond Rigoletto*      Date *4/2/02*      Daytime Phone # \_\_\_\_\_

CR2E037 (9/01)