

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90144 004 ***150.00

DOCUMENT # L52743

1. Entity Name
CAPRI FARMS, INC.



Principal Place of Business
**19900 SW 248 ST
HOMESTEAD FL 33031
US**

Mailing Address
**19900 SW 248 ST
HOMESTEAD FL 33031
US**

60013647



☐ CHECK HERE IF MAKING CHANGES

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 **65-0177611**

Applied For
Not Applicable

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

**CHOOS, S. SCOTT, ATTY.
15600 SW 288TH STREET
SUITE 312
HOMESTEAD FL 33033**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHIN, HUGH L.	
STREET ADDRESS	19900 SW 248 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CHIN, HECTOR J	
STREET ADDRESS	13400 SW 100 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHIN, DAISY L	
STREET ADDRESS	19900 SW 248 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHIN, LINDA	
STREET ADDRESS	13033 SE 104 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHIN, KIM	
STREET ADDRESS	13400 SW 100 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 607, 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**

Signature and typed or printed name of signing officer or director

2/20/03 **(305)**
246-2026

Date

Daytime Phone #