

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91172 028 ***150.00

DOCUMENT # 576170

1. Entity Name

CAP ASSOCIATES, INC.

Principal Place of Business

**1281 N OCEAN DRIVE
 SUITE #146
 SINGER ISLAND FL 33404
 US**

Mailing Address

**1281 N OCEAN DR
 SUITE #146
 SINGER ISLAND FL 33404
 US**

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 **06-0988037**

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

**MATEO, PETER M
 1281 N OCEAN DRIVE
 SUITE #146
 SINGER ISLAND FL 33404**

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.

(NOT

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW !! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, C. NICALUS	
STREET ADDRESS	1281 N OCEAN DRIVE SUITE #146	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATEO, ALFREDO	
STREET ADDRESS	1281 N OCEAN DRIVE SUITE #146	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MATEO, PETER M	
STREET ADDRESS	1281 NORTH OCEAN DRIVE S-146	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Peter M. Mateo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter M. Mateo
 Date

5/11/01
561-545-4044
 Daytime Phone #

CR2E034 (10/00)