2001 UNIFORM BUSINESS REPORT (UBR)

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

FILED Apr 20, 2001 8:00 am § Secretary of State
04-20-2001 90177 007 ****61.25

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Principal Place of Business Mailing Address Mailing Address											
PRIME MANAGEMENT GROUP. INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290			PRIME MANAGEMENT GROUP. INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290							 .	
									118 1		
2. Principal Place of Business			3. Mailing Address						3131		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number				
Zip	Zip Country		Zip Country		untry		5. Certificate of	of Status Desired		8.75 Ad	ditional ed
	6. Name an	d Address of Current R	legistered Agent				7. Name and	Address of New	Registered A	gent	
					Name						
SWATT, MYRON					Street Address (P.O. Box Number is Not Acceptable)						
	RK OF COMMI	ERCE BLVD.					<u></u>			-	
	ATON FL 3348	_									
					City				FL	Zip Cod	le
8. The above	e named entity su	ibmits this statement for	the purpose of changing its	registere	ed office or	registered	d agent, or both	, in the state of FI	orida.		
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SIGNATURE		rinted name of registered agent an	nd title if applicable. (NOTI	: Registere	d Agent signatu	re required wh	nen reinstating)	····································	DATE	_	
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FILE NOW: 9. Election Campaign Financin						\$5.00	Mav Be	Mak	e Check P	ayable to	,
FEE IS \$61.25						Added to			epartment		
10.		OFFICERS AND DIRE	-CTOSC	11.			DITIONIC (CHA	NGES TO OFFICE	DC AND DID	ECTÓRE IN	110
TITLE	P	OFFICERS AND DIRE	Delete	TITLE	:	AD	DITIONS/CHA	NGES TO OFFICE	ENS AND DIN	Change	Addition
NAME	RIGOLETTO	RAY	Delete	NAM						Onungo)
STREET ADDRESS	514 CAPRI I			STRE	et address						ĺ
CITY-ST-ZIP	DELRAY BE	ACH FL 33484		CITY	-ST-ZIP		***		<u> </u>	<u></u>	
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TITLE	DELHAY BEA	ACH FL 33484	☐ Delete	TITLE			<u> </u>			☐ Change	Addition
NAME	GINSBURG,		La Delete	NAME	ſ					Onlings	Addition
STREET ADDRESS	527 CAPRI I	(STRE	ET ADDRESS						
CITY-ST-ZIP	DELRAY BEA	ACH FL 33484	<u> </u>	CITY-	-ST-ZIP						
TITLE	VD		☐ Delete	TITLE	- 1					Change	☐ Addition)
NAME CERCET ADDRESS	DUMOCH, IF			NAME							
STREET ADDRESS CITY-ST-ZIP	513 CAPRI N				ET ADDRESS ST-ZIP						
TITLE	DELIKAY BEA	ACH FL 33484	□ Delete	TITLE		7					Addition
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NAME	COTLER. SH	IRLEY	LL Delete	NAME	: l	11.	10- 6	1-10-	i *		I
STREET ADDRESS	COTLER, SH 502 CAPRI K		LL Delete		ET ADDRESS	Kot	-آهر، ي	hicley	<i>i</i>		ļ
	502 CAPRI K		L. Delete	STREE	ET ADDRESS ST-ZIP	Kot 50	1er,5 19 ca	hicley In K	<i>i</i>		ļ
STREET ADDRESS	502 CAPRI K DELRAY BEA D	(Delete	STREE	ET ADDRESS ST-ZIP	Kot 50	-1en,S 09 Ca	hicley Pn K	<i>.</i>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	502 CAPRI K DELRAY BEA D KOTLER,	CH FL 33484		STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP	Kot 50 50	Her,S 19 Ca 19 K	hicley <u>Pri K</u> The	<i>.</i>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	502 CAPRI K DELRAY BEA D KOTLER, 509 CAPRI K	CH FL 33484		STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Kot SD Tre	ier, S 09 ca 25h, A	hicley Pri K 150	;	☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 REQUIRED