

PENDING  
F27697

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27697

1. Entity Name  
CAPRI HOMES, CORP.



FILED  
03 JUL 17 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Amended  
55050240

Principal Place of Business  
735 NORTH THORNTON AVE  
ORLANDO, FL 32803 US

Mailing Address  
735 N THORNTON AVE  
ORLANDO, FL 32803

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  
59-2081909

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

PIERMONT, SUNIA  
735 NORTH THORNTON AVE  
ORLANDO, FL 32803

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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILED NOV 17 2003  
TALLAHASSEE, FLORIDA  
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 VPS ☐ Delete  
NAME PIERMONT, SUNIA  
STREET ADDRESS 735 NORTH THORNTON AVE  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME PRIETO, MARIO  
STREET ADDRESS 735 N. THORNTON AVE  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VP ☐ Delete  
NAME PRIETO, RAFAEL  
STREET ADDRESS 735 N THORNTON AV  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME PRIETO, CARMEN  
STREET ADDRESS 735 N THORNTON AV  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/03 (407) 228-4645

zh 7/17