

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F88322

1. Entity Name

CAPA BUILDERS AND DEVELOPERS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90068 034 ***158.75

Principal Place of Business

1542 N HIATUS RD
#305
SUNRISE FL 33351

Mailing Address

4542 N HIATUS RD
#305
SUNRISE FL 33351-7944
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

59-2647865

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

CAPRIO, SAMUEL
4201 NE 24TH AVE
LIGHTHOUSE POINT FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

965 ORCHID LANE

CITY GULFSTREAM

FL

Zip Code 33483

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

(NOTE: 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, 2000 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
NAME CAPRIO, SAMUEL
STREET ADDRESS 4201 NE 24TH AVE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE
NAME
STREET ADDRESS 965 ORCHID LANE
CITY-ST-ZIP GULFSTREAM, FL 33483

TITLE
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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: *SAMUEL CAPRIO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2000

954-742-8081

Date

Daytime Phone #

CR2E034 (9/99)