

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G49390

1. Entity Name

CAPCO PROPERTIES, INC.

R

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90633 039 \*\*\*158.75

Principal Place of Business

Mailing Address

8617 S.W. 68 CT.  
MIAMI FL 33143

8617 S.W. 68 CT.  
MIAMI FL 33143-7899

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

59-2341231

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

CAPLIN, LEONARD  
513 MARMORE AVE  
CORAL GABLES FL 33146

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.

(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 ☐ Delete  
NAME P  
STREET ADDRESS CAPLIN, LEONARD  
CITY-ST-ZIP 513 MARMORE AVE  
CORAL GABLES FL 33146

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

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS CAPLIN, TODD  
CITY-ST-ZIP 13421 S.W. 69TH CT  
MIAMI FL 33156

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS CAPLIN, RICK  
CITY-ST-ZIP 545 NEEDLE BLVD  
MERRITT ISLAND FL 32953

TITLE ☒ Change ☐ Addition  
NAME CAPLIN, RICK  
STREET ADDRESS 4075 EL DORADO WAY  
CITY-ST-ZIP MELBOURNE, FLA 32934

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CAPLIN, MARILYN  
CITY-ST-ZIP 513 MARMORE AVE  
CORAL GABLES FL 33146

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/00

305-663-1521

Date

Daytime Phone #

CR2134 (9/99)