

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90489 028 ***150.00

DOCUMENT # G66243

1. Entity Name
CAPRETTO SOUTH, INC.



Principal Place of Business
**5826 SUNSET DRIVE
SOUTH MIAMI FL 33143**

Mailing Address
**C/O DAVID C POLLACK
150 W FLAGLER STREET #2400
MIAMI FL 33130
US**

2. Principal Place of Business
5822 SUNSET DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SOUTH MIAMI FL

City & State

4. FEI Number **59-2332543**

Applied For
Not Applicable

Zip
33143

Country
USA

Zip

Country

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

**POLLACK, DAVID C ESQ
150 W FLAGLER ST
24TH FLOOR
MIAMI FL 33130**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
POLLACK, TRUDI
5826 SUNSET DR.
SOUTH MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5822 SUNSET DRIVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
POLLACK, DAVID
150 W FLAGLER ST. 24TH FLOOR
MIAMI FL 33130** ☐ Delete

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

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☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID C. POLLACK

1/9/03

305-789-3435

CR2E034 (10/02)