

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001133

1. Entity Name

CAPRAIELLA, L.L.C.

Principal Place of Business

601 BAYSHORE BLVD., STE. 960  
TAMPA FL 33606

Mailing Address

601 BAYSHORE BLVD., STE. 960  
TAMPA FL 33606

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

59-3622243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J  
201 NORTH FRANKLIN STREET, STE. 2200  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name RANDOLPH J. WOLFE  
Street Address (P.O. Box Number is Not Acceptable)  
100 NORTH TAMPA ST. SUITE 2700  
City TAMPA FL Zip Code 33602

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

*Randolph J. Wolfe* *Randolph J. Wolfe, Registered Agent*  
Signature, typed or printed name of registered agent and date if applicable: (NOTE: Registered Agent signature required when reinstating)

3/27/01  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS:

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
C. JAE HEINBERG  
601 BAYSHORE BLVD. STE 960  
TAMPA, FL 33606

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
500004064175--0  
-04/24/01--01081--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*C. JAE HEINBERG* C. JAE HEINBERG

Date

3/31/01

Daytime Phone #

813-251-4868

CR2E083 (11/00)

FILED  
01 APR 16 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE