

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90062 016 \*\*\*150.00

**DOCUMENT # L21087**

1. Entity Name  
**MIKE C. CAPPELLETTI CONSTRUCTION, INC.**

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Principal Place of Business: **930 NE 23RD TERR  
POMPANO BEACH FL 33062  
US**

Mailing Address: **930 NE 23RD TERR  
POMPANO BEACH FL 33062  
US**

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2. Principal Place of Business: Suite, Apt. #, etc.  
City & State: Zip

3. Mailing Address: Suite, Apt. #, etc.  
City & State: Zip

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4. FEI Number: **65-0217623** Applied For  Not Applicable

5. Certificate of Status Desired -  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HILL, D. DOUGLAS  
201 N. FEDERAL HWY #114  
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPPELLETTI, MIKE C.</b>	NAME	
STREET ADDRESS	<b>930 NW 23RD TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THERESA CAPPELLETTI</b>	NAME	
STREET ADDRESS	<b>930 NE 23RD TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREGG, CAPPELLETTI</b>	NAME	
STREET ADDRESS	<b>930 NE 23RD TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Michael C. Cappelletti* **Michael C. CAPPELLETTI** 4/15/02 954-415-5892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR05024 (9/01)