## **2000 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L9900006003  CAPRI IMPORTS L.C.						FILED				
						00 JAN 10 PM 3: 03				
XX						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address  1591 PRICKELL AVE. #000*				TÄÜLAHASSEE. FLORIDA						
1581 BRICKELL AVE., #2301 1581 BRICKELL AVE., #230 MIAMI FL 33129 MIAMI FL 33129-1241										
							<b>40</b> /10 <b>11</b> /10 <b>11</b> /10 <b>11</b>	Hal <b>ada a</b> aan <b>aa</b> aa		
Principal Place of Business     3. Mailing Address										
Suite Apt # etc			Ant # etc			TO NOT WEITE IN THE CO. O.				
Suite, Apt. #, etc. Suite, Apt. #, etc.				· .		DO NOT WRITE IN THIS SPACE				
City & State City & State			State			4. FEI Number 0948533 Applied For Not Applicable				
Zip	Country	Zip	Country			ficate of Status De	·	\$5.00 Ad	ditional	
	6. Name and Address of Curr	ent Registered Agent		<u>.</u>		<u> </u>		Fee Require	ed	
o. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
FINLEY, CHANDLER R				Street Address	s (P.O. Box N	P.O. Box Number is Not Acceptable)				
710 WASHINGTON AVE., #5 MIAMI BEACH FL 33139					•					
DE	7.011 FE 00100			City				Zip Cod	le	
8. The above	named entity submits this statemen	ot for the purpose of changing i	its registere	d office or regist	tered agent	or both, in the Stat		<u>-</u>		
	The state of the s	tion the purpose of changing	io rogiotero	a omeo or region	iorod agorit,	or boar, in the orac	o or riorida.			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NC	OTE: Registered	Agent signature requi	red when reinstati	ng)	DAT	E		
		EU E A	JOWN E	EE IS \$50.00	<b>1</b>	1				
·		Make Check F								
9.	. MANAGING ME	MBERS/MEMBERS	10.			ADDi	TIONS/CHANG	ES		
TITLE	MGRM	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRÉSS.	TALIANO, VITTORIO		MAME Strei	T ADDRESS		00000	3-7-C-17-1	nacione.		
CITY-8T-ZIP	MIAMI FL		CITY-	ST-ZIP		<u> </u>	/14/00=-	-01100(	U 004	
TITLE NAME	MGRM ITALIANO, ALESSANDRO	C Delete	TITLE				***50.00			
STREET ADDRESS	1581 BRICKELL AVE., #2301		STRE	T ADDRESS						
CRTY-ST-ZIP	MIAMI FL			\$T-ZIP	1.4.4			- Channa		
TITLE NAME		☐ Delate —	TITLE Name					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					-	
TITLE		☐ Delete	TITLE			<u> </u>	·	Change	Addition	
NAME Street Address			NAME	T ABORESS				•		
BINEEL AUUNESS CITY-ST-ZIP				ST-ZIP				1		
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME BTREET ADDRESS <sub>1</sub>			NAME STREE	T ADDRESS						
CITY SET-ZIP			CITY-	8T-ZIP						
TITLE NAME		Delete	TITLE	,				Change	Addition	
STREET ADDRESS			#TREE	T ADDRESS			•			
CITY-ST-ZIP		udeb about Silings of a section of the		e1-21P	Danking dags	77(0)(i) F11 0:	A.A. 16			
indicated	certify that the information supplied on this report is true and accurate a bility company or the receiver or true	and that my signature shall have	e the same	legal effect as if	made under	oath; that I am a	itutes. I further of managing men	certify that the in ober or manage	ntormation er of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER SIGNATURE:

1-06-00 305-8601122