

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90237 023 \*\*\*550.00

DOCUMENT # *M 39444*  
1. Entity Name  
*CAPLAN AND CAPLAN, INC.*

810010

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*172 W FLAGLER ST.*  
State, Apt. #, etc.  
*320*  
City & State  
*MIAMI FL*  
Zip  
*33130* Country  
*USA*

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

DO NOT WRITE IN THIS SPACE  
4. FEI Number  
*59 272 46 73*  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
*S. L. CAPLAN*  
Street Address (P.O. Box Number is Not Acceptable)  
*172 WEST FLAGLER ST # 320*  
City  
*MIAMI* FL Zip Code  
*33130*

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 the filer (agent and fee applicable) (SEE: Registered Agent signature required when renewing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>VPD CAPLAN, DOROTHY 172 WEST FLAGLER ST # 320 MIAMI FL 33130</i>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>PO CAPLAN SL 172 WEST FLAGLER ST # 320 MIAMI FL 33130</i>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with or other like empowered.

SIGNATURE: *[Signature]* *S. L. CAPLAN* *9-6-02* *305 374-3426*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Uniform Phone #

CR2E034B (12/01)