

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034254

1. Entity Name

CAPRICORN INTERNATIONAL, INC.

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90102 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~100 S.E. 2ND ST., SUITE 2150~~  
~~MIAMI FL 33131~~

~~100 S.E. 2ND ST., SUITE 2150~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

3. Mailing Address

8888 S.W. 136 ST

8888 S.W. 136 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#140

#140

City & State

City & State

MIAMI - FL

MIAMI - FL

Zip

Zip

33176

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0996488

☒ Applied For

☐ Not Applicable

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

ENGELS, MARTIN

100 S.E. 2ND ST., SUITE 2150  
MIAMI FL 33131

Name

Adolfo Perez / c/o CAPRICORN

Street Address (P.O. Box Number is Not Acceptable)

#140

City

8888 S.W. 136 ST

FL

Zip Code

33176

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-01

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ENGELS, MARTIN  
100 S.E. 2ND ST., SUITE 2150  
MIAMI FL 33131

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Perez, Adolfo  
8888 S.W. 136 ST #140  
MIAMI - FL 33176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adolfo Perez

Date

2-10-01

Daytime Phone #

305.254-4548

CR2E034 (10/00)

0152779