

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90006 001 \*\*\*150.00

**DOCUMENT #** P000000064542  
**1. Entity Name**  
 CAPITOL INVESTMENTS OF NORTH  
 FLORIDA, INC.

**Principal Place of Business** 1300 SW 13th DRIVE  
 BOCA RATON, FL 33486

**2. Principal Place of Business** BOCA RATON  
**3. Mailing Address** 1300 SW 13th DR.

**Suite, Apt. #, etc.** PALM BEACH COUNTY  
**Suite, Apt. #, etc.**

**City & State** BOCA RATON  
**City & State**

**Zip** 33486 **Country** USA  
**Zip** **Country**

**4. FEI Number** 59-3657758  
**Applied For** Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROBERT A. FELICIANO  
 1300 SW 13th DRIVE  
 BOCA RATON, FL 33486

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

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

**FILE MONTHLY FEE IS \$100.00**  
**After MAY 1, 2001 Fee will be \$350.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

## 11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Robert A. Feliciano  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (1/1/00)

**C.I.N.F.**

Incorporated

Capitol Investments Of North Florida, Inc.

Attachment  
D# 0000007542  
A0513750

June 11, 2001

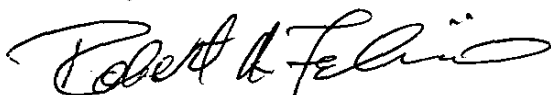
The Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am writing you today in the hope of resolving my current filing delinquency with the Department. Specifically, I am referring to the annual report-filing requirement (UBR). In January I called and submitted a change of address. The current address in your records still does not reflect my current address: 1300 SW 13<sup>th</sup> Drive, Boca Raton, FL 33486. Therefore I never received my required UBR form to complete and I am respectfully asking for a waiver of late fees.

I am enclosing the completed form and fee. Thank you, in advance, for your assistance.

Sincerely,



Robert A. Feliciano  
Owner