

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90152 020 ***150.00

DOCUMENT # P0000086800

1. Entity Name

LAW OFFICES OF MARIE C. CAPITA_ALEZI, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 East Linton Blvd.

3. Mailing Address

100 East Linton Blvd.

Suite, Apt. #, etc.

Suite 140A

Suite, Apt. #, etc.

Suite 140A

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-1039922

Applied For

Not Applicable

Zip

33483

Country

WPB

Zip

33483

Country

WPB

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Marie C. Capita-Alezi, Esq.**

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

100 East Linton Blvd.

Suite 140A

City

Delray Beach

FL

Zip Code
33483

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
**DPVTS
CAPITA_ALEZI, MARIE C.
100 EAST LINTON BLVD, #140A
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE: *Marie C. Capita-Alezi* **Marie C. Capita-Alezi 04-27-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 243-0670

Optional Phone #

CR2E034B (12/01)