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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008072

1. Entity Name

CAPRI ENTERPRISES, INC. "Amended" ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2455 E SUNRISE BOULEVARD	
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State
Zip: 33304 / Country: BROWARD	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1071844 ☐ 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: GEORGE F. HESS II, ESQ.

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

333 N. NEW RIVER DRIVE, EAST, SUITE 1000

City: FORT LAUDERDALE FL Zip Code: 33301

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

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	PRESIDENT/TREASURER/DIRECTOR DELVI BERGER 2455 EAST SUNRISE BOULEVARD, STE. 300 FORT LAUDERDALE, FL 33304
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT, SECRETARY/DIRECTOR ALEXANDRE C. BERGER 2455 EAST SUNRISE BOULEVARD, STE. 300 FORT LAUDERDALE, FL 33304
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DELVI BERGER President 09/09/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #