

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

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90193 034 \*\*\*150.00

**DOCUMENT #** P01000008072

**1. Entity Name**

Capri Enterprise, Inc.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2455 E Sunrise Blvd.

Suite, Apt. #, etc.

300

City & State

Ft Lauderdale, FL

Zip

33304

Country

USA

**3. Mailing Address**

2455 E Sunrise Blvd.

Suite, Apt. #, etc.

300

City & State

Ft Lauderdale, FL

Zip

33304

Country

USA

DO NOT WRITE IN THIS SPACE

**4. FRI Number**

65-107 1844

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

Name

George F. Hess II

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

333 N New River Dr. E, #1000

City

Ft 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** Director  
**NAME** Delvi J. Berger  
**STREET ADDRESS** 2455 E Sunrise Blvd., #300  
**CITY-ST-ZIP** Ft Lauderdale, FL 33304

**TITLE** Director  
**NAME** Alexandre C. Berger  
**STREET ADDRESS** 2455 E Sunrise Blvd., #300  
**CITY-ST-ZIP** Ft Lauderdale, FL 33304

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IN THIS SPACE**

**12. 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 10 or on an attachment with an address, with or without, the empowered.**

**SIGNATURE:**

Signature and typed or printed name of signing officer or director

Delvi J. Berger

Date:

Daytime Phone #

CR2E034B (12/02)