FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBB

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

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DOCUMENT #	P01000008072	

1. Entity Name

Capri Enterprise, Inc.

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2. Principal Place of Business		3. Mailing Address			
2455 E Sunrise Blvd.		2455 E	Sun	rise Blv	d.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
300		<u> </u>			
City & State		City & State			
<u>Ft Lauderd</u>	lale, FL	Ft Lau	derd	ale, FL	
Zip	Country	Zip		Country	
33304	USA	33304		USA	

DO NOT WRITE IN THIS SPACE

4. 58 Number 65-107 1844

Not Applicable **\$8.75** Additional

Applied For

5. Certificate of Status Desired Fee Re.

7. Name and Address of Current Registered Agent

३6./3 Additiona Fee Required

DO NOT WRITE IN THIS SPACE

Name	
George F Hess II	· - ·
Street Address (P.O. Box Number is Not Acceptal	ole)
333 N New River D	r #10

^{ity} Ft Lauderdale

FL Zip Code 3330

3. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be

Make Check	Amended UBR is \$61.25 Payable to Florida Department of State		Trust Fund Contribution.	Added to Fees
10.	; OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·
TITLE	Director Somes	Office and a second second		
NAME	Delvi J. Berger	NAME	Action of the second	
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TITLE	Directore C. Porror	TILE	2 (4.17) (4.47)	in the every artificial to got the
NAME	Alexandre C. Berger	NAME		
STREET ADDRESS	2455 E Sunrise Blvd., #300	STREET ADDRESS		
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NAME		NAME	Carlotte Car	
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STREET ADDRESS		STREET ADDRESS		
OTHER ADDITESS	1	OFFICE LEDGISCOO	1. 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	

12. I hereby certify that the information sopplied with this tiling 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 rocking or trueted greenweered 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 a composured.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TATUDE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)