FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-28-2002 91753 010 ***150.00

DOCUMENT # P01000062307

1. Entity Name
CAPITECH INC.

DO NOT WRITE IN THIS SPACE

96290

2. Principal Place of Business	3. Mailing Address
1401 DEWEY STREET	1401 DEWEY STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

OK DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-111[illegible]5870 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1401 DEWEY STREET

City: HOLLYWOOD FL Zip Code: 33020

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	DPS
NAME	LACROIX VINCENT
STREET ADDRESS	114 RUE ST-GEORGES
CITY - ST - ZIP	LA PRAIRIE, QC J5R 2L9
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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STREET ADDRESS	
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NAME	
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CITY - ST - ZIP	

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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: Vincent Lacroix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

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