

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90082 032 \*\*\*158.75

DOCUMENT # PO1000079555  
1. Entity Name  
CAPRICCI, Inc.

**DO NOT WRITE IN THIS SPACE**

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business<br><u>160 PALM circle</u><br>Suite, Apt. #, etc. |                       | 3. Mailing Address<br><u>160 PALM circle</u><br>Suite, Apt. #, etc. |                       |
| City & State<br><u>ATLANTIS, FL</u>   |                       | City & State<br><u>ATLANTIS, FL</u>                                 |                       |
| Zip<br><u>33462</u>   | Country<br><u>USA</u> | Zip<br><u>33462</u>   | Country<br><u>USA</u> |

DO NOT WRITE IN THIS SPACE

|                                       |  |  |                                |
|---------------------------------------|--|--|--------------------------------|
| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |  | 4. FEI Number<br><u>52-2336220</u>   | Applied For<br>Not Applicable. |
|                                       |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                |
|                                       |  | 7. Name and Address of Current Registered Agent  |                                |
|                                       |  | Name <u>TAMARA SAWICZ</u>  |                                |
|                                       |  | Street Address (P.O. Box Number is Not Acceptable)   |                                |
|                                       |  | <u>160 PALM circle</u>   |                                |
|                                       |  | City <u>ATLANTIS</u>   | FL Zip Code <u>33462</u>       |

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 Jamara B Sawicz DATE 4-12-02  
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) <input checked="" type="checkbox"/> | January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|--|--|

| 11. OFFICERS AND DIRECTORS                     |   |  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>P/T I/S/C</u><br><u>TAMARA SAWICZ</u><br><u>160 PALM circle</u><br><u>ATLANTIS, FL 33462</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

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: Jamara B Sawicz TAMARA B. SAWICZ Date 4-12-02 Daytime Phone # (561)649-1232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)