FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # PO10000 79555

AND COMPANY OF STREET, WILLIAM STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,

CAPRICCI, Inc.

SIGNATURE:

## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91513 024 \*\*\*150.00

| DO NOT WRITE IN THIS SPACE  |   |  |  |  |                                |   |  |  |  |  |
|---|---|--|--|--|--------------------------------|---|--|--|--|--|
| 2. Principal Place of Business I 60 PAIM CIFCLE   |   |  | 160  |  | ircle.                         | }                                       |  |  |  |  |
| Suite, Apt. #, etc.   |   |  | Suite  | e, Apt. #, etc.  |                                | DO NOT WRITE IN THIS SPACE              |  |  |  |  |
| City & State<br>ATIANTIS, FL  |   |  |  | City & State<br>A+1 Antis, FL  |                                |   | 4. FEI Number 5 2233 6   | 220  |  | Applied For<br>Not Applicable  |
| <sup>Zip</sup> 33 <sup>1</sup>  | 162   | Country  | 33 S   | 462  | Country                        |   | 5. Certificate of Status D   | esired 🗌   | <b>\$8.75</b><br>Fee Req   | Additional uired   |
| Adams Salar Salar   | a Million Million March Ma                            | åvaärestovati  | anger war. Die Amerikansk  | er<br>Antonio de la Antonio  | Name                           |   | 7. Name and Address of   | Current Register   | ed Agent   |  |
| DO NOT WR   |   |  |  |  |                                |   | MACA SAWICZ  |  |  |  |
|   | 14  | The same of the sa | and the second s | Control of the Contro | Street                         | Address (I                              | P.O. Box Number is Not Aco   | septable)  | <del></del>  |  |
| •   | li I  | CITIL  | SPACE  | =  |                                |   |  |  |  |  |
|   |   |  |  |  | City                           | 97 FA                                   | Mtis   | F  | L Zip-   | 3462   |
| 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 (Spect of principles frame of registered goth) and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |  |  |  |                                |   |  |  |  |  |
| Vanuary 1 - May 1 Fee Is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  |   |  |  |  |                                |   |  |  |  |  |
| Make Check<br>10.   | Payable to  | Florida Departr  | 報告しか品を知っても12mmにおよれるおから12mmのようなな。   |  | 品有的情况上去代                       | HETSTAND SAME OF                        |  |  | มิวักนี้ พฤษภาพยา <i>ส</i> ม   | a complete and an analysis   |
| TITLE   | President   |  |  |  | TITLE                          | C                                       |  | A STATE OF THE PARTY.  | and the same of th | Service Heaven Services  |
| NAME  | TAMARA SAWICZ   |  |  |  | NAME                           |   |  |  |  |  |
| STREET ADDRESS CITY-ST-ZIP  | TAMARA SAWICZ<br>160 Palm Circle<br>Atlantis FL 33462 |  |  | STREET ADDRESS<br>City-St-Zip  |                                |   |  |  |  |  |
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| NAME  |   |  |  |  | NAME *                         | J. Sala                                 | en protesta de la composição de la compo | BOST CONTROL OF THE C |  |  |
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| 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 all other like empowered. |   |  |  |  |                                |   |  |  |  |  |

Date

Daytime Phone #