

3/7/0

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90064 001 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088208

1. Entity Name

INT'L CAPRINE'S SERVICES, INC.

Principal Place of Business

312 RIUNITEB CR  
WINTER SPRINGS FL 32708

Mailing Address

312 RIUNITEB CR  
WINTER SPRINGS FL 32708

2. Principal Place of Business

696 Kissimmee PL

Suite, Apt. #, etc.

3. Mailing Address

696 Kissimmee PL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Winter Springs, FL

Zip  
32708

City &amp; State

Winter Springs, FL

Zip  
32708

4. FEI Number

59-3744562

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MACIAS, GUILLERMO

312 RIUNITEB CR  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name Guillermo Macias

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

696 Kissimmee PL

City Winter Springs FL Zip Code 32708

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

Guillermo Macias-P

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb. 22 - 2002

DATE

9. This corporation is eligible to satisfy its intangible

☒ Tax filing requirement and elects to do so.  
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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          | D                       | <input type="checkbox"/> Delete |
| NAME           | MACIAS, GUILLERMO       |                                 |
| STREET ADDRESS | 312 RIUNITEB CR         |                                 |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | CHIRINOS, JUAN E        |                                 |
| STREET ADDRESS | 312 RIUNITEB CR         |                                 |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | P                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Guillermo Macias         |  |
| STREET ADDRESS | 696 Kissimmee PL         |  |
| CITY-ST-ZIP    | Winter Springs, FL 32708 |  |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JUAN E CHIRINOS          |  |
| STREET ADDRESS | 696 Kissimmee PL         |  |
| CITY-ST-ZIP    | Winter Springs, FL 32708 |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Guillermo Macias-P

Feb. 22 - 2002 (407) 696 334

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #