

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.

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip

32708

Country

5

Zip

32708

Country

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

B. Macias Guillermo Macias-P

Signature of entity and name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 State10. Election Campaign Financing
Trust Fund Contribution, \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: MACIAS, GUILLERMO
STREET ADDRESS: 312 RIUNITEB CR
CITY-ST-ZIP: WINTER SPRINGS FL 32708 DeleteTITLE: D
NAME: CHIRINOS, JUAN E
STREET ADDRESS: 312 RIUNITEB CR
CITY-ST-ZIP: WINTER SPRINGS FL 32708 DeleteTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

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:

B. Macias Guillermo Macias-P Feb. 22 - 2002 (407)696324

SHOW ME YOUR COPY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #