

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P01000118268**

02 OCT -4 PM 12:55

1. Entity Name
CAPE VILLA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4216 SW 5TH PL
CAPE CORAL FL 33914**

Mailing Address
**4216 SW 5TH PL
CAPE CORAL FL 33914**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEJ Number
65-1156095

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH, GINA
932 SW 28TH TERR.
CAPE CORAL FL 33914**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	JOSEPH, GINA - Accountant	
CITY-ST-ZIP	928 SW 28TH TERR. CAPE CORAL FL 33914	
TITLE NAME	Solienne Darbouze-Gig	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Solienne Darbouze - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4307 SW 25th Ct of Resident Care	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE NAME	Romanes Darbouze - Operations Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4307 SW 25th Ct	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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: *Solienne Darbouze* **Gina Joseph** 7/13/02 941-540-7385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #