

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90058 001 ***158.75

DOCUMENT # P93000013684

1. Entity Name

CAPRICORN CONSTRUCTION CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2883 S.W. 69TH COURT MIAMI FL 33155 US	2883 S.W. 69TH COURT MIAMI FL 33155-2816 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0393505	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****CASTRO, HECTOR**
2124 S.W. 93RD COURT
MIAMI FL 33165

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	CASTRO, HECTOR A	
STREET ADDRESS	2124 S.W. 93RD COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASTRO, MARGARITA O	
STREET ADDRESS	2124 S.W. 93RD COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:** **HECTOR A. CASTRO, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/8/2000 (305) 260-4464**
Date Daytime Phone #