

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077086

1. Entity Name

CAPRI CORP.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90066 042 ***150.00

Principal Place of Business

Mailing Address

~~11 NW 33 Ave.~~
~~MIAMI FL 33125~~
US

~~11 NW 33 Ave.~~
~~MIAMI FL 33125~~
US

2. Principal Place of Business
11 NW 33 Ave.

3. Mailing Address
SAME

Suite, Apt. #, etc.
Unit A

Suite, Apt. #, etc.
SAME

City & State
Miami Florida

City & State
SAME

Zip
33125

Country
Dade

Zip
SAME

Country
SAME

4. FEI Number
59-1424327

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ANTONIO

~~11 NW 33 Ave.~~
~~MIAMI FL 33125~~
xxxx Miami Fl, 33125

Name

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

City

FL

Zip Code

8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Antonio Gonzalez RA. 04/11/00

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 \$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 PD
NAME GONZALEZ, ANTONIO
STREET ADDRESS ~~11 NW 33 Ave.~~
CITY-ST-ZIP ~~MIAMI FL 33125~~
☐ Delete

TITLE
NAME
STREET ADDRESS 11 NW 33 Ave. Unit A
CITY-ST-ZIP Miami Fl, 33125
☐ Change ☐ Addition

TITLE VD
NAME GONZALEZ, JOHN
STREET ADDRESS ~~11 NW 33 Ave.~~
CITY-ST-ZIP ~~MIAMI FL 33125~~
☐ Delete

TITLE
NAME
STREET ADDRESS 11 NW 33 Ave Unit A
CITY-ST-ZIP Miami Fl, 33125
☐ Change ☐ Addition

TITLE STD
NAME GONZALEZ, CHARLES A
STREET ADDRESS ~~11 NW 33 Ave.~~
CITY-ST-ZIP ~~MIAMI FL 33125~~
☐ Delete

TITLE
NAME
STREET ADDRESS 11 NW 33 Ave. Unit A
CITY-ST-ZIP Miami Fl, 33125
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Antonio Gonzalez PD.

04/11/00

305-642-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)