

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90081 005 ***150.00

DOCUMENT # P95000064047

1. Entity Name

CAPRICE TOURS & REPS, INC.

Principal Place of Business

13243 SW 111 TERRACE SUITE 4
MIAMI FL 33186

Mailing Address

13243 SW 111 TERRACE SUITE 4
MIAMI FL 33186

2. Principal Place of Business

10850 SW 113 PL

3. Mailing Address

SAME

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33176

Country

USA

Zip

Country

4. FEI Number

65-0610051

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

FANCO, CARMEN

13243 SW 111 TERRACE SUITE 4
MIAMI FL 33186

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

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, 2001 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 PSTD
NAME FRANCO, CARMEN ☐ Delete
STREET ADDRESS 13243 SW 111 TERRACE SUITE 4
CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 10850 SW 113 PL STE 206
CITY-ST-ZIP MIAMI, FL 33176

TITLE VD
NAME FRANCO, LOLA ☐ Delete
STREET ADDRESS 13243 SW 111 TERRACE SUITE 4
CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 10850 SW 113 PL STE 206
CITY-ST-ZIP MIAMI, FL 33176

TITLE S
NAME MOTTA, MELISSA ☐ Delete
STREET ADDRESS 13243 SW 111 TERR STE 4
CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 10850 SW 113 PL STE 206
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Carmen Franco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)