

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90041 023 ***175.00

DOCUMENT # P95000064047

1. Entity Name
CAPRICE TOURS & REPS, INC.

Principal Place of Business

10850 SW 113 PLACE
 206
 MIAMI FL 33176

Mailing Address

10850 SW 113 PLACE
 206
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

11921 SW 132 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-0610051

Applied For

Not Applicable

Zip

Country

Zip

33186

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FANCO, CARMEN

13243 SW 111 TERRACE SUITE 4
 MIAMI FL 33186

FRANCO, CARMEN

7. Name and Address of New Registered Agent

Name

FRANCO, CARMEN

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

11921 SW 132 CT

City

MIAMI, FL

FL

Zip Code

33186

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 Carmen Franco
 Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

4/5/02

(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, 2002 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

TITLE PSTD
 NAME FRANCO, CARMEN ☐ Delete
 STREET ADDRESS 10850 SW 113 PLACE STE 206
 CITY-ST-ZIP MIAMI FL 33176

TITLE VD
 NAME FRANCO, LOLA ☐ Delete
 STREET ADDRESS 10850 SW 113 PLACE STE 206
 CITY-ST-ZIP MIAMI FL 33176

TITLE S
 NAME MOTTA, MELISSA ☐ Delete
 STREET ADDRESS 10850 SW 113 PLACE STE 206
 CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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NAME
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 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

4/5/02 (305)596-4966
 Date Daytime Phone #

CR2E034 (9/01)