

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022425

1. Entity Name

CAPRICHO INTERNATIONAL CORPORATION

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90346 019 \*\*\*163.75

Principal Place of Business

5025 NW 36TH ST  
STE J112  
LAUDERDALE LAKES FL 33319  
US

Mailing Address

4119 NO STATE ROAD 7  
STE 8004  
LAUDERDALE LAKES FL 33319-4826  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0651080

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

HARDMAN, ALICE E DR  
5025 NW 36TH ST.  
SUITE J1112  
LAUDERDALE LAKES FL 33319

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, 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 HARDMAN, ALICE ELAINE DR.  
STREET ADDRESS 5025 NORTHWEST 36TH STREET, SUITE J112  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

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

TITLE VD  
NAME WHITE, EDWARD C SR  
STREET ADDRESS 867 BOLTON PL NW  
CITY-ST-ZIP ATLANTA GA 30331-3309 ☐ Delete

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

TITLE STD  
NAME HARDMAN, ELAINE MAHONE DR.  
STREET ADDRESS 5025 NORTHWEST 36TH STREET, SUITE J112  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr ALICE E. HARDMAN, CEO/PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)