

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90080 021 \*\*\*163.75

**DOCUMENT # P96000022425**

1. Entity Name  
**CAPRICO INTERNATIONAL CORPORATION**



DO NOT WRITE IN THIS SPACE

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 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0651080</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDMAN, ALICE ELAINE DR.	
STREET ADDRESS	5025 NORTHWEST 36TH STREET, SUITE J112	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, EDWARD C SR	
STREET ADDRESS	867 BOLTON PL NW	
CITY-ST-ZIP	ATLANTA GA 30331-3309	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARDMAN, ELAINE MAHONE DR.	
STREET ADDRESS	5025 NORTHWEST 36TH STREET, SUITE J112	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elaine Mahone Hardman M.D.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-01 (954) 731-4918  
 Date Daytime Phone #

CR2E034 (10/00)