

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90032 037 ***158.75

DOCUMENT # P96000022425

1. Entity Name

CAPRICO INTERNATIONAL CORPORATION

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**

2. Principal Place of Business

2750 N.W. 44TH STREET

3. Mailing Address

Suite, Apt. #, etc.

**Suite, Apt. #, etc.
 Apt. 412**

City & State

OAKLAND PARK, FLORIDA

Zip

Country

Zip

Country

33309

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

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

7. Name and Address of New Registered Agent

Name **HARDMAN, ALICE E DR**
 Street Address (P.O. Box Number is Not Acceptable)
2750 N.W. 44TH STREET
APT. 412
 City **OAKLAND PARK** **FL** Zip Code **33309**

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: **ALICE ELAINE HARDMAN**
Alice Elaine Hardman, Physician/Surgeon

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

(NOTE: Registered Agent signature required when reinstating)

4/25/2002
 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 **PD** ☐ Delete
 NAME **HARDMAN, ALICE ELAINE DR.**
 STREET ADDRESS **5025 NORTHWEST 36TH STREET, SUITE J112**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

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

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

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 **PD** ☒ Change ☐ Addition
 NAME **HARDMAN, ALICE ELAINE DR.**
 STREET ADDRESS **2750 N.W. 44TH STREET Apt. 412**
 CITY-ST-ZIP **OAKLAND PARK, FL 33309**

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

TITLE **STD** ☒ Change ☐ Addition
 NAME **HARDMAN, ELAINE MAHONE DR.**
 STREET ADDRESS **2750 N.W. 44TH STREET Apt. 412**
 CITY-ST-ZIP **OAKLAND PARK FL 33309**

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

TITLE ☐ Change ☐ Addition
 NAME
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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: **ALICE ELAINE HARDMAN**
Alice Elaine Hardman, Physician/Surgeon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2002 **(954) 731-4918**
 Date Daytime Phone #

0327831
 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE