

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90032 037 \*\*\*158.75

0327831  
AV

**DOCUMENT # P96000022425**

1. Entity Name  
**CAPRICO INTERNATIONAL CORPORATION**

Principal Place of Business <b>5025 NW 36TH ST                  STE J112                  LAUDERDALE LAKES FL 33319                  US</b>	Mailing Address <b>4119 NO STATE ROAD 7                  STE 8004                  LAUDERDALE LAKES FL 33319                  US</b>
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**80099164**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2750 N.W. 44<sup>TH</sup> STREET**

3. Mailing Address

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

Suite, Apt. #, etc.

City & State  
**OAKLAND PARK, FLORIDA**

City & State

4. FEI Number  
**65-0651080**

Applied For  
 Not Applicable

Zip Country Zip Country

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  
**HARDMAN, ALICE E DR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2750 N.W. 44<sup>TH</sup> 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, Physician/Surgeon* **4/25/2002**  
Signatures, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARDMAN, ALICE ELAINE DR. 5025 NORTHWEST 36TH STREET, SUITE J112 LAUDERDALE LAKES FL 33319</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARDMAN, ALICE ELAINE DR. 2750 N.W. 44TH STREET APT. 412 OAKLAND PARK, FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WHITE, EDWARD C SR 867 BOLTON PL NW ATLANTA GA 30331-3309</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HARDMAN, ELAINE MAHONE DR. 5025 NORTHWEST 36TH STREET, SUITE J112 LAUDERDALE LAKES FL 33319</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HARDMAN, ELAINE MAHONE DR. 2750 N.W. 44TH STREET APT. 412 OAKLAND PARK FL 33309</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, Physician/Surgeon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (9/01)