

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90259 040 ***158.75

DOCUMENT # P96000022425

1. Entity Name
CAPRICO INTERNATIONAL CORPORATION



Principal Place of Business
**2750 N.W 44TH STREET
APT 412
FORT LAUDERDALE FL 33309
US**

Mailing Address
**4119 NO STATE ROAD 7
STE 8004
LAUDERDALE LAKES FL 33319
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0651080**

Applied For
 Not Applicable

Country
Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HARDMAN, ALICE E DR
2750 N.W 44TH STREET
APT 412
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent
Name
HARDMAN, ELAINE MAHONE, M.D
Street Address (P.O. Box Number is Not Acceptable)
2750 N.W 44TH STREET APT 412
City
OAKLAND PARK Zip Code
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Elaine Mahone Hardman M.D.* DATE: 04-23-03

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDMAN, ALICE ELAINE DR.; <i>FOUNDER</i> <input type="checkbox"/> Delete 2750 N.W 44TH STREET APT. 412 FORT LAUDERDALE FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, EDWARD C SR <input type="checkbox"/> Delete 867 BOLTON PL NW ATLANTA GA 30331-3309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARDMAN, ELAINE MAHONE DR. <input type="checkbox"/> Delete 2750 N.W 44TH STREET, APT 412 FORT LAUDERDALE FL 33-3309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD</i> BAXTER, OSCAR <input type="checkbox"/> Delete <i>13353 FAIRWINDS DR</i> <i>STRONGSVILLE, OH 44136</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD</i> BAXTER, OSCAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>13353 FAIRWINDS DR</i> <i>STRONGSVILLE, OH 44136</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elaine Mahone Hardman M.D.* Date: 04-23-03 Daytime Phone #: 954-731-4918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)