

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90042 032 \*\*\*150.00

**A0051419**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 996000038085  
 1. Entity Name CAPAICHI ENTERPRISES INC

Principal Place of Business Mailing Address  
1999 NW. 55<sup>th</sup> AVE BLDG. K  
MARGATE, FL. 33063

2. Principal Place of Business 1999 NW 55<sup>th</sup> AVE  
 Suite, Apt. #, etc. BLDG K  
 3. Mailing Address SAME  
 Suite, Apt. #, etc.

City & State MARGATE City & State MARGATE  
 Zip 33063 Country USA Zip 33063 Country

4. FEI Number 65-0662727 Applied For   
 Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
RICHARD NIDDAM  
8464 VIA SERENA  
BOCA RATON, FL. 33433

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 [Signature] RICHARD NIDDAM 4/10/01  
 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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>RICHARD NIDDAM</u> <u>8464 VIA SERENA</u> <u>BOCA RATON, FL 33433</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. PRESIDENT</u> <u>MAX NIDDAM</u> <u>7520 LA PAZ CT. #101</u> <u>BOCA RATON, FL. 33433</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY &amp; TREASURER</u> <u>ALINE NIDDAM</u> <u>7520 LA PAZ CT. #101</u> <u>BOCA RATON, FL. 33433</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] RICHARD NIDDAM 4/10/01 954-978-8522  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)