

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90032 015 \*\*\*150.00

**DOCUMENT # P96000038085**

1. Entity Name  
**CAPRICHI ENTERPRISES, INC.**

Principal Place of Business  
**1999 NW 55TH AVE**  
**BLDG K**  
**MARGATE FL 33063**  
**US**

Mailing Address  
**1999 NW 55TH AVE**  
**BLDG K**  
**MARGATE FL 33063**  
**US**

2. Principal Place of Business  
**5814 NW 49<sup>TH</sup> LANE**

3. Mailing Address  
**5814 NW 49<sup>TH</sup> LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Coconut Creek**

City & State  
**FLORIDA, Coconut Creek**

4. FEI Number  
**65-0662727**

Applied For  
 Not Applicable

Zip  
**33073-2334**

Country  
**USA**

Zip  
**33073-2334**

Country  
**USA**

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

**NIDDAM, RICHARD**  
**8464 VIA SERENA**  
**BOCA RATON FL 33433**

Name  
**RICHARD NIDDAM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5814 NW 49<sup>TH</sup> LANE**  
**Coconut Creek**  
 City  
**FL** Zip Code  
**33073-2334**

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

DATE  
**3-25-02**

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, 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>P</b> <b>NIDDAM, RICHARD</b> <b>8464 VIA SERENA</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NIDDAM, MAX</b> <b>7520 LA PAZ CT #101</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>NIDDAM, ALINE</b> <b>7520 LAPAZ COURT, #101</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NIDDAM, MAX</b> <b>7520 LA PAZ CT, #107</b> <b>BOCA RATON FL 33433</b>	<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	<b>same</b> <b>same</b> <b>5814 NW 49<sup>TH</sup> LANE</b> <b>COCONUT CREEK, FLORIDA 33073-2334</b>	<input checked="" 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
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 REQUIRED**

Date: **3-25-02** Daytime Phone #: **954-698-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)