

# 2001 UNIFORM BUSINESS REPORT (UBR)

8/6/

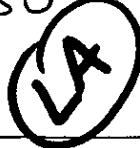
**FILED**  
**Aug 22, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90006 033 \*\*\*150.00

DOCUMENT # P960000 64850

1. Entity Name

KAPON CORPORATION



Principal Place of Business

Mailing Address

2025 Brickell Ave Apt 2006  
 MIAMI FL 33129

2. Principal Place of Business

3875 PARK AVE

Suite, Apt. #, etc.

3. Mailing Address

3875 PARK AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0690263

Applied For

Not Applicable

Zip

Country

33133

USA

Zip

Country

33133

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Capon, Nancy  
 9441 SW 27 DR  
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name: CAPON, NANCY  
 Street Address (P.O. Box Number is Not Acceptable): 3875 PARK AVE  
 City: MIAMI FL Zip Code: 33133

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, 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 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees.**

11. OFFICERS AND DIRECTORS

TITLE: PSTD  
 NAME: CAPON, NANCY  
 STREET ADDRESS: 9441 SW 27 DR  
 CITY-ST-ZIP: MIAMI FL 33165

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD  
 NAME: CAPON, NANCY  
 STREET ADDRESS: 3875 PARK AVE  
 CITY-ST-ZIP: MIAMI FL 33133

☒ Change ☐ Addition

NAME:   
 STREET ADDRESS:   
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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-01

Date

305-887-4185

Daytime Phone #

CR034 (11/00)