

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000041010

FILED
Jan 07, 2003
Secretary of State

Entity Name: CAPRI INDUSTRIES, INC.

Current Principal Place of Business:

911 NW 209TH AVENUE
SUITE 113
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

911 NW 209TH AVENUE
SUITE 113
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0755503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINK, JACQUELYN K
2159 BATON ROUGE
WESTON, FL 33326

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVPS () Delete
Name: FINK, JACQUELYN K
Address: 2159 BATON ROUGE
City-St-Zip: WESTON, FL 33326

Title: DPT (X) Delete
Name: FINK, GARY W
Address: 2159 BATON ROUGE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: FINK, JACQUELYN K
Address: 2159 BATON ROUGE
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN K. FINK

DPST

01/07/2003

Electronic Signature of Signing Officer or Director

_____ Date