

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90089 037 ***150.00

DOCUMENT # P97000053048

1. Entity Name
FLORIDA CAPTION, INC.

Principal Place of Business
3263 GIFFORD LANE
COCONUT GROVE FL 33133

Mailing Address
% M.E. PRADOS, C.P.A.
420 LINCOLN ROAD., #357
MIAMI BEACH FL 33139



2. Principal Place of Business
3158 DAY AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
COCONUT GROVE, FL
 Zip
33133
 Country
USA

City & State

4. FEI Number **65-0761547**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PRADOS, MARY E C.P.A.
420 LINCOLN ROAD., #357
MIAMI BEACH FL 33139

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 _____ (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

TITLE **P** ☐ Delete
 NAME **SMITH, TODD B**
 STREET ADDRESS **9130 S. DADELAND BLVD., #PH-1B**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Delete
 NAME **RUSSO, VICENTE**
 STREET ADDRESS **3263 GIFFORD LANE**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Smith, Todd B**
 STREET ADDRESS **3158 Day Avenue**
 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE **D** ☒ Change ☐ Addition
 NAME **RUSSO, VICENTE**
 STREET ADDRESS **3158 DAY AVENUE**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **X SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 **(305) 448-6233**
 Date Daytime Phone #

CR2E034 (9/01)