

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070841

1. Entity Name
THE CAPO GROUP, INC.

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90020 012 ***150.00

Principal Place of Business
1414 NW 107TH AVE., 4TH FL.
MIAMI FL 33172

Mailing Address
1414 NW 107TH AVE., 4TH FL.
MIAMI FL 33172-2743

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

Zip Country

4. FEI Number **65-0829308**

Applied For
Not Applicable

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

BRODIE, SIDNEY Z
7270 NW 12TH ST., PH-I
MIAMI FL 33126

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
DPT	CAPO, GERARDO	1414 NW 107TH AVE., 4TH FL.	MIAMI FL 33172	☐					☐	☐
DVS	CAPO, JULIO C	1414 NW 107TH AVE., 4TH FL.	MIAMI FL 33172	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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 I am empowered.

SIGNATURE: GERARDO CAPO Date: 04/25/00 Daytime Phone #: (305) 513-0501

CR2E034 (9/99)