

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90176 011 ***150.00

DOCUMENT # P97000070841

1. Entity Name
THE CAPO GROUP, INC.

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

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

2. Principal Place of Business
1150 NW 72ND AVE. PH 2
 Suite, Apt. #, etc.
AIRPORT EXECUTIVE TOWER 1

3. Mailing Address
SAME

City & State
MIAMI, FL

City & State

4. FEI Number **65-0829308**

Applied For
 Not Applicable

Zip **33126** Country **USA**

Zip Country

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-1
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

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	DPT CAPO, GERARDO 1414 NW 107TH AVE., 4TH FL. MIAMI FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPO CAPO, CARMEN 1414 NW 107TH AVENUE, 4TH FLOOR MIAMI FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPO CAPO, CATHY 1414 NW 107TH AVE, 4TH FLOOR MIAMI FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPO CAPO, ALEX ALEXANDRO 1414 NW 107TH AVE, 4TH FLOOR MIAMI FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres GERARDO CAPO 1150 NW 72 AVE PH1 MIAMI Florida 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CARMEN CAPO 1150 NW 72ND AVE PH 1 MIAMI FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Catherine CAPO	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alexandro CAPO	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Christine CAPO	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)