

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000093721**

1. Entity Name

CAPARROS PROPERTIES CORP.*f***FILED**
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90043 025 ***150.00

Principal Place of Business

**4235 WEST 16TH AVE.
SUITE 102
HIALEAH FL 33012**

Mailing Address

**4235 WEST 16TH AVE.
SUITE 102
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0797432

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

**CAPARROS, MARTIN SR.
4235 WEST 16TH AVE.
SUITE 102
HIALEAH FL 33012**

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	P CAPARROS, MARTIN SR. 4235 WEST 16TH AVE. HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPARROS, MARTIN JR. 4235 WEST 16TH AVE. HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN CAPARROS

Date

7/19/00

Daytime Phone #

305-826-5253

Attachment
DT# P970000093721
0074905

CAPARROS PROPERTIES CORP
4235 W. 16TH AVENUE #102
HIALEAH, FL 33012
(305) 826-5253

July 19, 2000

Florida Dept of Corporation
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

DOCUMENT #P97000093721

To Whom It May Concern:

Please be advised that we did not receive the 1st notice for the 2000 Uniform Business Report we were advised to pay \$150.00 and to inform you that we did not receive the 1st notice.

If you should have any questions please do not hesitate to contact me.

Thank you,

Martin Caparros
President