

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000093721**

1. Entity Name

CAPARROS PROPERTIES CORP.**FILED**
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90216 049 ***150.00

0092071

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

1215-1221 W. 66 ST.

Suite, Apt. #, etc.

3. Mailing Address

4235 W. 16 AVB

Suite, Apt. #, etc.

102

City & State

HIALEAH-FLA.

City & State

HIALEAH-FLA.

Zip

33012

Country

Zip

33012

Country

MIAMI DADE



DO NOT WRITE IN THIS SPACE

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

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

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS CAPARROS, MARTIN SR.
CITY-ST-ZIP 4235 WEST 16TH AVE. SUITE 102
HIALEAH FL 33012TITLE ☐ Delete
NAME VP
STREET ADDRESS CAPARROS, MARTIN JR.
CITY-ST-ZIP 4235 WEST 16TH AVE.
HIALEAH FL 33012 SUITE 102TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Marty Caparos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01

Date

305-826-5253

Daytime Phone #

CR2E034 (10/00)