

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056952

1. Entity Name
CAPCO MARKETING, USA, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90041 026 ***158.75

Principal Place of Business
9633 WEST BROWARD BLVD.
SUITE #1
PLANTATION FL 33324

Mailing Address
867 N.W. 81ST TERRACE
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9633 WEST BROWARD BLVD.
Suite, Apt. #, etc.
SUITE #1
City & State
PLANTATION FLORIDA
Zip
33324
Country
USA

3. Mailing Address
867 NW 81ST TERRACE
Suite, Apt. #, etc.
PLANTATION FLORIDA
City & State
PLANTATION FLORIDA
Zip
33324
Country
U.S.A.

4. FEI Number 65-0852717
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CAPOBIANCO, DANIEL B
867 N.W. 81ST TERRACE
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
N/A
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: *Daniel B Capobianco* DANIEL B CAPOBIANCO 4/3/01
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 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	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPOBIANCO, DANIEL		NAME		
STREET ADDRESS	867 N.W. 81 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Daniel B Capobianco* DANIEL B CAPOBIANCO 4/3/01 (954) 577-0469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)