

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065294

1. Entity Name

CAPRICORN CLEANING, CORP.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90084 019 ***150.00

Principal Place of Business

Mailing Address

2630 RAMPART WAY NORTH
 COOPER CITY FL 33026

2630 RAMPART WAY NORTH
 COOPER CITY FL 33026-1337

2. Principal Place of Business

3. Mailing Address

1000 NW 191 AVE.

1000 NW 191 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 PEBROKE PINES

City & State
 PEBROKE PINES

Zip
 33029

Country
 US

Zip
 33029

Country
 US

4. FEI Number

65-0867433

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

LAMBOY, ROSEANN
 2630 RAMPART WAY NORTH
 COOPER CITY FL 33026

Name
 EILEEN GRIMSTEAD

Street Address (P.O. Box Number is Not Acceptable)
 1000 NW 191 AVE

City
 PEBROKE PINES FL

Zip Code
 33029

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, 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
 STD
 GRIMSTEAD, EILEEN
 2630 RAMPART WAY NORTH
 COOPER CITY FL 33026 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 BUTTERA, PAULA
 2630 RAMPART WAY NORTH
 COOPER CITY FL 33026 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 LAMBOY, ROSE ANN
 2630 RAMPART WAY NORTH
 COOPER CITY FL 33026 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☒ Addition

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☐ 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 #

EILEEN GRIMSTEAD 4/24/00 349-4750 (954)

CR2F034 (1/98)