

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90317 004 \*\*\*150.00

**DOCUMENT # P98000065294**

**1. Entity Name**  
**CAPRICORN CLEANING, CORP.**

**Principal Place of Business**  
 1000 NW 191 AVE  
 PEMBROKE PINES FL 33029

**Mailing Address**  
 1000 NW 191 AVE  
 PEMBROKE PINES FL 33029

**2. Principal Place of Business**  
**8151 NW 13 ST.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**8151 NW 13 ST.**  
 Suite, Apt. #, etc.

**City & State**  
**PEMBROKE PINES, FL**  
**Zip** 33024 **Country** US

**City & State**  
**PEMBROKE PINES, FL**  
**Zip** 33024 **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**

**GRIMSTEAD, EILEEN**  
 1000 NW 191 AVE  
 PEMBROKE PINES FL 33029

**7. Name and Address of New Registered Agent**

**Name** EILEEN GRIMSTEAD  
**Street Address (P.O. Box Number is Not Acceptable)**  
~~1000 NW 191 AVE~~  
 8151 NW 13 STREET  
 PEMBROKE PINES, FL 33024

**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** *Eileen Grimstead* **EILEEN GRIMSTEAD** **4/30/02**  
 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GRIMSTEAD, EILEEN</b>	
<b>STREET ADDRESS</b>	<b>2630 RAMPART WAY NORTH</b>	
<b>CITY-ST-ZIP</b>	<b>COOPER CITY FL 33026</b>	
<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>BUTTERA, PAULA</b>	
<b>STREET ADDRESS</b>	<b>2630 RAMPART WAY NORTH</b>	
<b>CITY-ST-ZIP</b>	<b>COOPER CITY FL 33026</b>	
<b>TITLE</b>	<b>STD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LAMBOY, ROSE-ANN</b>	
<b>STREET ADDRESS</b>	<b>2630 RAMPART WAY NORTH</b>	
<b>CITY-ST-ZIP</b>	<b>COOPER CITY FL 33026</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>EILEEN GRIMSTEAD</b>	
<b>STREET ADDRESS</b>	<b>8151 NW 13 ST.</b>	
<b>CITY-ST-ZIP</b>	<b>PEMBROKE PINES, FL 33024</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>SILVIA BARROSO</b>	
<b>STREET ADDRESS</b>	<b>8151 NW 13 ST.</b>	
<b>CITY-ST-ZIP</b>	<b>PEMBROKE PINES, FL 33024</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Eileen Grimstead*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 (954) 433-2413**  
 Date Daytime Phone #

CR2E034 (9/01)