

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90208 047 \*\*\*150.00

**DOCUMENT # P98000065294**

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



Principal Place of Business  
**8151 NW 13 ST  
PEMBROKE PINES FL 33024**

Mailing Address  
**8151 NW 13 ST  
PEMBROKE PINES FL 33024**

2. Principal Place of Business  
**6333 GARFIELD ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**6333 GARFIELD ST**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**HOLLYWOOD, FL**  
Zip  
**33024** Country  
**U.S.A.**

City & State  
**HOLLYWOOD, FL**  
Zip  
**33024** Country  
**U.S.A.**

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  
8151 NW 13 ST  
PEMBROKE PINES FL 33024**

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

Name  
**LUIS A. LARA**  
Street Address (P.O. Box Number is Not Acceptable)  
**6333 GARFIELD ST.**  
City  
**HOLLYWOOD** FL Zip Code  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRIMSTEAD, EILEEN 8151 NW 13 ST PEMBROKE PINES FL 33024</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LAMBOY, ROSE ANN 2630 RAMPART WAY NORTH COOPER CITY FL 33026</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BARROSO, SILVIA 8151 NW 13 ST PEMBROKE PINES FL 33024</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LUIS A. LARA 6333 GARFIELD ST. HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

12. 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 10 or Block 11 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

**4/30/03 (954) 433-2413**  
Date Daytime Phone #

CR2E034 (10/02)