2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000099497 DOCUMENT # 1. Entity Name

CAP MANAGEMENT, INC.



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90067 004 ***150.00

						TRE				
Principal Place of Business 6574 NORTH STATE ROAD SEVEN SUITE 115 COCONUT CREEK FL 33073-3617			Mailing Address 6574 NORTH STATE ROAD SEVEN SUITE 115 COCONUT CREEK FL 33073-3617				A HARMANIA INTERNATIONAL ARMINISTRA	sa nkan	il Ilii0 (0)ii 9(0	10 10111 1601 1601
2. Principal	I Place of Busin	229	2 Mailing Address							
	Murifie		3. Mailing Address				s soosinat sta solat lasil 881ft	50()) 00 ()) 70 ()		(8 18111 1881 1881
Suite, Ap	ot. #, etc.	Iu way	8307 Murifield Way Suite, Apt. #, etc.							
			Odite, Apr. #, etc.			ł	☐ CHECK HEF	E IF MAKIN	VG CHANGE	:S
City & St	ate		City & State				4. FEI Number or correct			
Port St. Lucie, FL			Port St. Lucie, FL				65-087961	2	- +	Applied For
Zip Country			Zip	try	00			Not Applicable		
<u>34986</u>	34986		34986				Certificate of Status Desired		\$8.75 A	
	6. Name	and Address of Current R	legistered Agent				7. Name and Address of New	Registered		
0/04000					Name	Conv				
), Charles .		James Cap							
6574 NO	rth state i	road Seven		Street Address (8307 Muri			P.O. Box Number is Not Acceptable) field Way			
SUITE 11	15			ļ						
COCONU	IT CREEK FL	33073-3617		ļ						_
<u>-</u> %:			•	City Port St. I			ucie.	FI	Zip Co	
8. The above	e named entity	submits this statement for	the purpose of changing its	registere	d office or r	registere	d agent, or both, in the State of F	lorida Lar	T 1 349	986
the obliga	ations of registe	ered agent.	- "	Ü		-g	e agoing or both, in the otate of t	/ / / / / / / / / / / / / / / / / / /	i iaminar with	, and accept
SIGNATURE	Aa	nul Ca	sulto-					1/11	102	
CIGNATORIE	Signature, typed or	r printed name of registered agent and	d title if applicable. (NOT	E: Registered	Agent signature	e required w	hen reinstating)	DATE	<u> </u>	
C. 2 33	I E NOWIK	FEE IS \$150.00					marrie anatoming)	— DATE		
Afte	r May 1, 2003	Fee will be \$550.00					9. Election Campaign F	inancing	6 5 (00
Make Chec	k Pavable to	Florida Department of S	State				Trust Fund Contributi			00 May Be
10.	<u> </u>		1							
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IAME			☐ Delete	TITLE					☐ Change	☐ Addition
TREET ADDRESS				NAME	ADDRESS					1
ITY-ST-ZIP				STREET A	l l]
2. Thereby or	ertify that the i-	formation outside decide or	- FC	CITY-ST						
indicated of	on this report or	r supplemental report is true	illing does not qualify for t e and accurate and that me	the exemp	tion stated	in Section	on 119.07(3)(i), Florida Statutes, l ne legal effect as if made under c	further cert	ify that the in	formation
or the corp	oration or the r	eceiver or trustee empower ment with an address, with	rad to execute this remove of	s required	by Chapte	r 607, Flo	ne legal effect as if made under o orida Statutes; and that my name	am; that I ar appears in	m an officer o Block 10 or	or director Block 11 if
		will all ally agos, Will	an other like empowered.		_					

SIGNATURE: