

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106913

1. Entity Name

CAPELLI MARKETING, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90054 033 ***158.75

Principal Place of Business

110 EAST ATLANTIC AVENUE
SUITE 235
DELRAY BEACH FL 33444

Mailing Address

110 EAST ATLANTIC AVENUE
SUITE 235
DELRAY BEACH FL 33444

2. Principal Place of Business

10 W Broadway

3. Mailing Address

10 W Broadway

Suite, Apt. #, etc.

Suite 510

Suite, Apt. #, etc.

Suite 510

City & State

Salt Lake City UT

City & State

Salt Lake City UT

Zip

84101

Country

USA

Zip

84101

Country

USA

4. FEI Number

88-0441599

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Karl Kotowski

Street Address (P.O. Box Number is Not Acceptable)

110 E Atlantic Ave Suite 235

City

Delray Beach

FL

Zip Code

33444

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

Karl Kotowski

Karl Kotowski, President

4/29/00

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	PD KOTOWSKI, KARL 110 EAST ATLANTIC AVENUE SUITE 235 DELRAY BEACH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEY, UDO 110 EAST ATLANTIC AVENUE SUITE 235 DELRAY BEACH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUM, R. CORBETT 110 EAST ATLANTIC AVENUE SUITE 235 DELRAY BEACH FL 33444	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 W Broadway Suite 510 Salt Lake City, UT 84123	<input checked="" type="checkbox"/> Change <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Karl Kotowski

Karl Kotowski

4/29/00

Date

561-879-7808

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)