

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S89109

1. Entity Name

CAPATARA U.S., INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90076 002 ***150.00

Principal Place of Business

Mailing Address

40 LESLEY LANE
OLDSMAR FL 34677
US

% JO CLAIRE SPEAR, ESQ.
877 EXECUTIVE CTR DR. W. #303
ST. PETERSBURG FL 33702-2474
US

2. Principal Place of Business

3. Mailing Address

c/o Jo Claire Spear, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 2nd Ave. S., #200S

City & State

City & State
St. Petersburg, FL

4. FEI Number

59-3091449

Applied For

Not Applicable

Zip

Country

Zip
33701

Country
USA

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

SPEAR, JO CLAIR ESQ.
877 EXECUTIVE CENTER DR., W.
GLADES BUILDING, STE. 303
ST. PETERSBURG FL 33702

Name

Spear, Jo Claire Esq.

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

100 2nd Ave. S., #200S

City

St. Petersburg,

FL

Zip Code
33701

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)

April 18, 2000

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
DPS
ANNING, RAY
40 LESLEY LANE
OLDSMAR FL 34677 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ANNING, TERRY
RR 3 7786 PATTERSON SIDEROAD
CALEDON EA LON1E ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ANNING, PATRICIA
RR 1 22ND SIDEROAD
GEORGETOWN ON L7G- 4S4 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Anning, as President

(727) 789-

Date 4/18/00

Daytime Phone #3434

CR2E034 (9/99)