

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91518 033 \*\*\*150.00

DOCUMENT # S89109

1. Entity Name

CAPATARA U.S., INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

40 LESLEY LANE

Suite, Apt. #, etc.

3. Mailing Address

9410 INTERNATIONAL CT N

Suite, Apt. #, etc.

City & State  
OLDSMAR, FL

City & State  
ST PETERSBURG FL

4. FEI Number  
59-3091449

Applied For  
Not Applicable

Zip  
34677

Country  
USA

Zip  
33716-4801

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JO CLAIRE SPEAR, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)  
9410 INTERNATIONAL COURT NORTH

City ST. PETERSBURG FL Zip Code  
33716-4801

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

JO CLAIRE SPEAR, ESQUIRE

(NOTE: Registered Agent signature required when reinstating)

3/27/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P, S, D  
RAY ANNING  
40 LESLEY LANE  
OLDSMAR, FL 34677

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V, D  
TERRY ANNING  
RR #3; 7786 PATTERSON SIDEROAD  
CALEDON EAST, ONTARIO L0N 1E0

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T, D  
PATRICIA ANNING  
RR #3; 13716 22nd SIDEROAD  
GEORGETOWN, ONTARIO L7G 4S4

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY ANNING, as President

4-3-02

Date

(727) 789-3434

Daytime Phone #

CR2E034B (12/01)