

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100933

1. Entity Name
SPHERE FOODS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90094 048 ***158.75

Principal Place of Business 2600 DOUGLAS ROAD SUITE 607 CORAL GABLES FL 33134	Mailing Address 2600 DOUGLAS ROAD SUITE 607 CORAL GABLES FL 33134-6100
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0971989	Applied For
			Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent IBRAHIM, ODALYS M P.A. 782 N.W. LEJEUNE ROAD SUITE 440 MIAMI FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	NAME Jerry D. Smith	TITLE	NAME
STREET ADDRESS 2600 Douglas Rd Ste 607	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Coral Gables, FL 33134	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Secretary	NAME John D. Ferreiro	TITLE	NAME
STREET ADDRESS 2600 Douglas Rd Ste 607	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Coral Gables, FL 33134	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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: Jerry D. Smith **2/28/00** (305) 774-1678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)