

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005155

1. Entity Name

SPIRARE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90869 032 ****70.00

Principal Place of Business

10120 SW 107TH AVE
MIAMI FL 33176
US

Mailing Address

10120 SW 107 AVE
MIAMI FL 33176-2760
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0452118

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, SAMUEL E
820 NW 87TH AVE.
APT. 203
MIAMI FL

Name

Peter Cagle

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

6701 Sunset Drive, Suite 103

City

Miami,

FL

Zip Code 33143

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

Peter Cagle

PETER CAGLE

4-28-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	REDDEN, MAURA	
STREET ADDRESS	14845 SW 114	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MOSHER, MICHAEL	
STREET ADDRESS	22820 SW 179 PL	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, STEVE	
STREET ADDRESS	9141 SW 72 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASAGRANDE, R	
STREET ADDRESS	7745 SW 118 PL	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRONIN, MORGAN	
STREET ADDRESS	13334 SW 104 TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Rondeau	
STREET ADDRESS	12471 SW 106 Terr.	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucy Esquijarosa	
STREET ADDRESS	15370 SW 104 Terr.	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	Secretary Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aaron Tarjan	
STREET ADDRESS	8526 SW 94 Street	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graham Gobie	
STREET ADDRESS	12305 SW 90 Avenue	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson Lima	
STREET ADDRESS	14401 SW 83 Ct.	
CITY-ST-ZIP	Miami, FL 33158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 of 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aaron Tarjan
Treasurer

(305) 740-2902
April 28, 2000

Date

Daytime Phone #

CR2E037 (9/99)