

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2000 8:00 am
Secretary of State
 07-06-2000 90008 045 ***150.00

DOCUMENT # 290933

1. Entity Name
 SPRAY RITE INC

R

Principal Place of Business Mailing Address
 10240 SW 56 ST
 STE 112 B
 MIAMI FL 33165

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

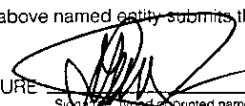
4. FEI Number 59-1163848
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 TERESA TABORDA
 10240 SW 56 ST STE 115
 MIAMI FL 33165

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 6/28/00
 (NOTE: Registered Agent signature required when reinstating)

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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 PST AUGUSTO ODIO 10240 SW 56 ST STE 112 B MIAMI FL 33165
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 TITLE NAME STREET ADDRESS 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:  DATE 6/28/00 DAYTIME PHONE # (305) 598-3866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

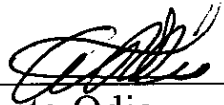
Attachment
DH# 290933
D 0067753

June 27, 2000

Department of State
Division of Corporation
Tallahassee, Fl

Ref: Doc 290933

We are enclosing a check for \$150.00 for the renewal fees for
Spray Rite Inc. We did not get the form to file on time, and by the
time we got the form from the State it was late. Thank you,



Augusto Odio

President

Spray Rite Inc.

10240 SW 56th Street Suite 112B

Miami Florida 33165