

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

Jun 27, 2000 8:00 am  
Secretary of State

05-31-2000 90028 016 \*\*\*\*61.25

DOCUMENT # N99000006519

1. Entity Name

INCA SPIRIT INC.

R

Principal Place of Business

10855 S.W. 136TH TERRACE  
MIAMI FL 33176

Mailing Address

10855 S.W. 136TH TERRACE  
MIAMI FL 33176-6552

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

105-0960034

Applied For

Not Applicable

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

AGUIRRE, CARLOS L  
10855 S.W. 136TH TERRACE  
MIAMI FL 33176

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

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	DIRECTOR	<input type="checkbox"/> Delete
NAME	CARLOS L. AGUIRRE	
STREET ADDRESS	10855 SW 136 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	LOIS HARMON A.	
STREET ADDRESS	10855 SW 136 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ANTONIO H. AGUIRRE	
STREET ADDRESS	10855 S.W. 136 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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 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 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:

X SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

305 378-9070

Date

Daytime Phone #

CR2E037 (9/99)