

# 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000007538

1. Entity Name

SPREAD ENTERPRISES, INC.

FILED

04 NOV -9 PM 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1746 W. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

Mailing Address  
1746 W. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3773 N. FEDERAL HWY STE # 207

3. Mailing Address  
3773 N. FEDERAL HWY STE # 207

Suite, Apt #, etc.

City & State  
POMPANO BEACH, FL

City & State  
POMPANO BEACH, FL

4. FEI Number  
65-0945652

Applied For  
Not Applicable

Zip  
33064

Country  
USA

Zip  
33064

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

ANDRADE, MARCELO  
1746 W. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

Name  
ANDRADE, MARCELO

Street Address (P O Box Number is Not Acceptable)  
3773 N. FEDERAL HWY STE # 207

City  
POMPANO BEACH

Zip Code  
FL 33064

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/20/04

DATE

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, 2004 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PVD  
ANDRADE, MARCELO  
3176 FESTIVAL DR.  
MARGATE, FL 33063

☐ Delete

TITLE  
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CITY - ST - ZIP

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000042607330  
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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 qualified 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: X

SIGNATURE REQUIRED

10/20/04

Date

Daytime Phone #

Deerfield Beach - Florida, October 20<sup>th</sup>, 2004

From: SPREAD ENTERPRISES, INC.  
3773 N FEDERAL HWY STE # 207  
POMPANO BEACH, FL 33064

To: FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE - FL - 32314

Re: Admin. Dissolution of Spread Enterprises, Inc.

Dear Sir or Madam:

We come before this honorable department which we respect and appreciate the statutes to declare that we have a Profit Corporation by the following name:

SPREAD ENTERPRISES, INC.  
Doc. # P00000007538

Our corporation has its articles filed with Florida department of State - Division of Corporation on 01/18/2000. Unfortunately, we never received any notices of our UBR form by mail this year.

As this happened against our will, we would like to ask you please waive the Reinstatement Fee, as we are sending you the amount of US\$ 150.00, plus the completed Form. We would like to ask you to please consider this, and file this annual report at yours earlier convenience.

We look forward to a positive response. If there is any other necessary information concerning this matter, please feel free to contact us. We appreciate your attention.

Yours truly,

  
Marcelo Andrade  
President