

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90151 004 ***150.00

DOCUMENT # P00000007538

1. Entity Name
SPREAD ENTERPRISES, INC.



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

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

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 **65-0945652**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'

TITLE **PVD** ☐ Delete
NAME **ANDRADE, MARCELO LOPES D.**
STREET ADDRESS **811 SE 22ND AVE., #10**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **MARCELO ANDRADE** ☐ Change ☐ Addition
NAME **JULIANA ANDRADE**
STREET ADDRESS **3176 FESTIVAL DR.**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **ST** ☐ Delete
NAME **ANDRADE, MARCELO LOPES D**
STREET ADDRESS **811 SE 22ND AVE., #10**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)