

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000018465

Entity Name: SPI RESOURCES, INC.

FILED
Apr 05, 2003
Secretary of State

Current Principal Place of Business:

329 MALLARD RD.
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

329 MALLARD RD.
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-1000233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, BRIAN M
ONE S.E. 3RD AVE., 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHENEY, GEOFFREY
Address: 329 MALLARD ROAD
City-St-Zip: WESTON, FL 33327

Title: COB () Delete
Name: SALOMON, PETER
Address: 329 MALLARD ROAD
City-St-Zip: WESTON, FL 33327

Title: T () Delete
Name: CORDERO, FRANK
Address: 329 MALLARD ROAD
City-St-Zip: WESTON, FL 33327

Title: S () Delete
Name: GARCIA, BRIAN M
Address: 329 MALLARD ROAD
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: MCGHIE, SEAN
Address: 329 MALLARD ROAD
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: CUENO, MARCO
Address: 329 MALLARD ROAD
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY CHENEY

PRES

04/05/2003

Electronic Signature of Signing Officer or Director

Date