

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

07-17-2001 90008 049 ***150.00

0116822 AT

DOCUMENT # P00000107067

1. Entity Name
OPERA SPIRITUS, INC.

Principal Place of Business
P.O. BOX 8625
CORAL SPRINGS FL 33075

Mailing Address
P.O. BOX 8625
CORAL SPRINGS FL 33075

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

65-1055534

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

MINOR, SUSAN P
5280 NW 89TH DRIVE
CORAL SPRINGS FL

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **MINOR, SUSAN P**
STREET ADDRESS **P.O. BOX 8625**
CITY-ST-ZIP **CORAL SPRINGS FL 33075**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MINOR, THOMAS M JR**
STREET ADDRESS **P.O. BOX 8625**
CITY-ST-ZIP **CORAL SPRINGS FL 33075**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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: *Susan P Minor* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Opera Spiritus, Inc.

P.O. Box 8625
Coral Springs, Florida 33067
Telephone: 954-755-1055
Fax: 954-755-0510
Ts_minor@bellsouth.net

Attachment
#0005107067
[REDACTED]

10915

July 11, 2001

Florida Department of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I respectfully ask for your understanding regarding the payment and submission of the 2001 Uniform Business Report and the associated filing fee. We just formed our corporation in mid-November 2000. As new corporation owners, we do not recall receiving and were unaware of the additional reporting requirements before the receipt of the 2001 Uniform Business Report received in July.

Would you please grant us an exception and accept our report and filing payment of \$150. We will be more diligent and attentive now that we are aware of the State filing requirements.

Thank you in advance for your understanding.

Sincerely,



Susan P. Minor
President
Opera Spiritus, Inc.