

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90959 047 \*\*\*150.00

0354836 AV

**DOCUMENT # P01000075544**

1. Entity Name  
**SPIRIT ENTERPRISES, INC.**



Principal Place of Business  
**9481 SUNRISE LAKES BLVD  
UNIT 207  
SUNRISE FL 33322**

Mailing Address  
**9481 SUNRISE LAKES BLVD  
UNIT 207  
SUNRISE FL 33322**

2. Principal Place of Business  
**3800 INVERRARY BLVD**

Suite, Apt. #, etc.  
**100 J**

City & State  
**LAUDER HILL FLA**

Zip **33319** Country **USA**

3. Mailing Address  
**3800 INVERRARY BLVD**

Suite, Apt. #, etc.  
**100 J**

City & State  
**LAUDER HILL FLA**

Zip **33319** Country **USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1134358**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BECKER, JOANNA  
9481 SUNRISE LAKES BLVD UNIT 207  
SUNRISE FL 33322**

**7. Name and Address of New Registered Agent**

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BECKER, JOANNA 9481 SUNRISE LAKES BLVD UNIT 207 SUNRISE FL 33322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT BECKER, MARTIN 9481 SUNRISE LAKES BLVD UNIT 207 SUNRISE FL 33322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV SALERNO, MARIE G 9481 SUNRISE LAKES BLVD UNIT 207 SUNRISE FL 33322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SALERNO, ANTHONY 9481 SUNRISE LAKES BLVD UNIT 207 SUNRISE FL 33322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

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:

**SIG. Martin Becker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03** **954 749 1238**  
Date Daytime Phone

CR2E034 (10/02)