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

P02000019772 **DOCUMENT #**

1. Entity Name

SPIRIT OF FLORIDA ALL-STARS, INC.



03-31-2003 90181 018 ***150.00

FILED

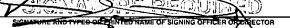
Mar 31, 2003 8:00 am Secretary of State

Principal Place of Business 1029 MARIPOSA AVENUE CORAL GABLES FL 33146

Mailing Address 1029 MARIPOSA AVENUE CORAL GABLES FL 33146

2. Principal Place of Business 6832 Sul Bi 57			3. Mailing Address 6832 SW 81 ST		-	-			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKIN	G CHANGE	S .	
City & Stat		FLONIDA	City & State	FLONIDA		El Number 74 - 30 3 004 (6	, A	Applied For Not Applicable	
_ Zip _ 33 / •	13	Country 5.4	Zip 33143	Country USA	5 . C	ertificate of Status Desired	\$8.75 Ad Fee Requir		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
Name									
RODRIGUEZ, ROSA C					ddress (P.O. Box Number is Not Acceptable)				
1029 MARIPOSA AVENUE					ress (F.O. box Number is Not Acceptable)				
CORAL GA	ABLES FL 3	3146				100-100-1			
9; *				City		FI	L Zip Co	de	
	named entity tions of regist		or the purpose of changing its	registered office or regi	stered age	nt, or both, in the State of Florida. I an	n familiar with	n, and accept	
SIGNATURE .		100 1 100 100 100 100 100 100 100 100 10							
JIGHAIONE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature red	uired when reir	nstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
10. OFFICERS AND DIRECTORS 11.						DITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1029 MAR	EZ, ROSĂ C IPOSA AVENUE ABLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COINE OF	10EE0 1E 00140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		^	Change	☐ Addition	

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.



Daytime Phone #