

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90243 039 ***150.00

DOCUMENT # P02000077339



1. Entity Name
SPEAR-DANIELS PROJECTS, INC.

Principal Place of Business
**C/O ALISON SPEAR
2025 BRICKELL AVE. #301
MIAMI FL 33129**

Mailing Address
**C/O ALISON SPEAR
2025 BRICKELL AVE. #301
MIAMI FL 33129**

10012261



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

15-3073841

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPEAR, ALISON
180 NE 39 ST #222
MIAMI FL 33137**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SPEAR, ALISON**
STREET ADDRESS **180 NE 39 ST #222**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **V** ☐ Delete
NAME **DANIELS, HARVEY**
STREET ADDRESS **C/O ALISON SPEAR ARCHITECT/180 NE 39TH #222**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

X SIGNATURE: SPEAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/03 305.438.1200

CR2E034 (10/02)

ATTACHMENT

B

10012261

3785 NW 82 Avenue · Suite 417 · Miami, FL 33166
Tel: 305.477.1988 · Fax: 305.477.1688

LESTER BARRERAS C.P.A., P.A.

P020000077339

**INCOME TAX RETURN
FILING INSTRUCTIONS**

NAME OF TAXPAYER Spear-Daniels Projects Inc YEAR 2003

RETURN:

- | | |
|------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> 1040 Individual Tax Return | <input type="checkbox"/> F1120 Corporate Income Tax |
| <input type="checkbox"/> 1065 Partnership Tax Return | <input type="checkbox"/> 1041 Fiduciary Tax Return |
| <input type="checkbox"/> 1120 Corporate Tax Return | <input type="checkbox"/> Intangible Tax Return |
| <input type="checkbox"/> 1120S Corporate Tax Return | <input checked="" type="checkbox"/> Other: <u>Uniform Business Report</u> |

SIGNATURE:

The return should be signed where indicated by a mark by:

- | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Taxpayer | <input checked="" type="checkbox"/> One of the officers of the corporation |
| <input type="checkbox"/> Taxpayer and wife | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> One of the partners | <input type="checkbox"/> |
| <input type="checkbox"/> Each election where indicated, on page _____ | |

DUE DATE:

Mail on or before May 1, 2003

REMITTANCE:

Tax Due: \$ 150.00

\$ _____ will be refunded to you.

\$ _____ will be credited on your estimated tax declaration.

**MAILING
INSTRUCTIONS:**

Mail to:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Internal Revenue Service Center
Atlanta, Georgia 39901 | <input type="checkbox"/> with remittance
<input type="checkbox"/> without remittance |
| <input type="checkbox"/> Florida Department of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32399-0140 | Use I.R.S. Federal Tax Deposit
Coupon Book and deposit at
your local depository bank |
| <input checked="" type="checkbox"/> <u>Division of Corporations</u>
<u>Uniform Business Report Filings</u>
<u>P.O.Box 1500</u>
<u>Tallahassee, FL 32302-1500</u> | |

COMMENTS:

Make check payable to: Florida Dept. of State
Remember to write your FEI# on your check.