

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010021

1. Entity Name

PHANTOM SALES, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90009 048 \*\*\*150.00

Principal Place of Business

Mailing Address

7061 CYPRESS RD  
SUITE 104  
PLANTATION FL 33317  
US

C/O 600 S. ANDREWS AVE  
SUITE 400  
FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

7061 Cypress Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 104

City & State

City & State

PLANTATION, FL

Zip

Country

Zip

Country

33317

BROWARD

4. FEI Number

59-0556825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, BRUCE D  
600 S ANDREWS AVE  
SUITE 400  
FT LAUDERDALE FL 33301

Name  
LAWRENCE SPIRA, M.D.

Street Address (P.O. Box Number is Not Acceptable)

7061 CYPRESS ROAD, SUITE 104

City PLANTATION

FL

Zip Code

33317

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

2/24/2000

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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  
NAME SPIRA, LAWRENCE  
STREET ADDRESS 7061 CYPRESS RD., #104  
CITY-ST-ZIP PLANTATION FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/2000 954-474-7701

CR2E034 (9/99)