

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087285

1. Entity Name

SPIRIT FILLED INVESTMENT CORPORATION, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90028 029 ***150.00

Principal Place of Business

9160 N.W. 32ND COURT ROAD
MIAMI FL 33147

Mailing Address

9160 N.W. 32ND COURT ROAD
MIAMI FL 33147-2806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

9160 N.W. 32nd Rd

Suite, Apt. #, etc.

Miami

Miami

33147

Flade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0619908

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

MCCRARY, JESSE J JR. ESQ
2800 BISCAYNE BLVD.
9TH FLOOR
MIAMI FL 33137

Name

SAM E.

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

Richard Bernard

1-10-00

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNE, ALBERT	
STREET ADDRESS	17501 N.W. 42ND AVE.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DANIELS, ALBERT JR	
STREET ADDRESS	17627 N.W. 66TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAMUELS, GENE	
STREET ADDRESS	20443 N.W. 28TH COURT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, DANA	
STREET ADDRESS	8990 NW 188TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNARD, RICHARD	
STREET ADDRESS	9160 N.W. 32ND CT. ROAD	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JAMES, DAVID	
STREET ADDRESS	1009 N.W. 2ND AVENUE	
CITY-ST-ZIP	HALLANDALE FL 33009	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Richard Bernard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-00

Daytime Phone #