

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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90618 041 \*\*\*150.00

DOCUMENT # P99000027890  
 1. Entity Name Spinning Plus, Inc.



**DO NOT WRITE IN THIS SPACE**

90090610

2. Principal Place of Business  
14301 S.W. 88<sup>th</sup> ST  
 Suite, Apt. #, etc.  
Apt B 304  
 City & State  
Miami, FL  
 Zip  
33186  
 Country  
U.S.A.

3. Mailing Address  
14301 S.W. 88<sup>th</sup> ST.  
 Suite, Apt. #, etc.  
Apt B 304  
 City & State  
Miami, FL  
 Zip  
33186  
 Country  
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0907032  
 Applied For  
☐ Not Applicable

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

7. Name and Address of Current Registered Agent  
 Name Rivera, Ruth E  
 Street Address (P.O. Box Number is Not Acceptable)  
13026 S.W. 120 ST  
 City Miami FL Zip Code 33186

**DO NOT WRITE IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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	<u>PD</u> <u>Aviles, Carlos Jose</u> <u>14301 S.W. 88<sup>th</sup> ST</u> <u>Miami, FL 33186</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03 (305) 4843419

Date

Daytime Phone #

CR2E034B (12/02)