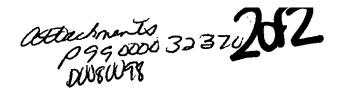
8/21/00-90212-007-\$150.00-\$150.00

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2000 UNIFORM BUSINESS REPORT (UBR)

	MENT # P990000	032370 💮	/-				•	
SPOON BENDING CONCEPTS, INC.					FILED			
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rii wijiai Flac	te of Business	Mailing Address						
710 SOUTH HOWARD AVE. 710 SOUTH HOWARD AVE. 740 SOUTH HOWARD AVE. 740 SOUTH HOWARD AVE. 740 SOUTH HOWARD AVE.					TALL	RETARY OF MASSEE F	LORIDA	
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Principal P	Place of Business W.SWAWN AVE	3. Mailing Address 4/9 LOVIS/A	A AU					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE II	N THIS SPACE		
TANKA, FL TAMPA, FL				4.	FEI Number 57-3569900		Applied For lot Applicable	l
23/1	Country A	33603	Country A	6.		\$8.75 Ac		
	6. Name and Address of Current R	legistered Agent	Name	7.	Name and Address of New Regi	stered Agent		1
CROCIATA, GAETANO P				Street Address (P.O. Box Number is Not Acceptable)				
419 LOUISIANA AVE. TAMPA FL 33603				Substitution is the recognition				
****	/		City		<u></u>	FL Zip Co	de	ł
3. The above named exity submits this statement of the purpose of changing its regist								
. ≀ne above	named obity submits tors statement for	the purpose of changing its re	gistered office or	registered st	jent, or both, in the State of Florida	1	/	
GNATURE	Signature agent and name of registered agent ar	d lide if applicable. (NOTE: R	egistered Agent signatu	ke ledniled when t	reinstating)	CAT		ļ
9. This corpo	pration is eligible to satisfy its Intangible		FEE IS \$550.0	0 ;	10. Election Campaign Finance	ing &E	00	
Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 20 Make Check Payable to					Trust Fund Contribution.		00 May Be ad to Fees	
1.	OFFICERS AND D	DIRECTORS	12,	H	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11	_
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TREET ADDRESS CITY-ST-ZIP			STREET ADORESS City-St-Zip					
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iame Theet address			NAME Street address		•	ſ		
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			<u> </u>	<u> </u>	
Indicated	certify that the information supplied with to on this report or supplemental report is to contain on the receiver or testee empoy.	rue and accurate and that my	signature shall ha	ive the same	legal effect as if made under gath	: that I am an office:	r or director I	
changed,	poration or the receiver or teistee empoy, or on an attachment with an address, wi	the other like enhowered.		J.O. DOZ, 1 ROS	- Jameigo, and precing name ap	אטטונג זוו פונפייק I U	- 2/000 1211	
SIGNAT	URE: AGNATA	TOURS IN	ED		S/17/00	813-254	1-1919	•
· -		NTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime Phone		



Spoon Bending Concepts 419 Louisiana Avenue Tampa, Florida 33603 813-254-1919 #107

August 15, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE:

Filing fee

To Whom It May Concern:

The purpose of this letter is to state the fact that I did not receive the 2000 Uniform Business Report until 7/8/2000 and was quite surprised that the amount owed was \$550.00. I took the liberty of calling the Florida Department of State — Division of Corporations and pleaded my case. The person I talked to relayed to me that I should send in a check for \$150.00 with a letter stating the reason why I should not pay the \$550.00. Please accept this as payment in full until the next renewal. Thanks,

Cordinly

Gaetano Crociata