## 2000 UNIFORM RUSINESS REPORT (URR)

2000 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P99000065821				FILED Jan 12, 2000 8:00 am		
1. Entity Name  ASPIRE FINANCE CORPORATION				Secretary of State 01-12-2000 90018 019 ***150.00		
Principal Place 5735 PEMBROK HOLLYWOOD FI	E ROAD	Mailing Address 5735 PEMBROKE ROAD HOLLYWOOD FL 33023-2337		01-12-200	V 20016 VI2 130.00	,
2. Principal 7	lace of Business Road, Janburke Road, #, etc.	3. Mailing Address Suite, Apt. #, etc.	broke Road		WRITE IN THIS SPACE	
City ship To Col	ensol FL33023	The Squate Strain The Company of the	Country S.A	4. FEI Number 65 090	ired -   \$8.75 Add Fee Required	
1630	6. Name and Address of Current R RAY, ANDRE 9 S.W. 26 ST. MAR FL 33029	egistered Agent	Name A Street Address 5	7. Name and Address of N ND FE RAT P.O. Bay Number is Not Age et	TRAY  ptable) Romand,	₹0 <i>9</i> 3
8. The above	named entity submits this statement for a Condrew Rettray Signature, typed or printed name of registered agent an	ANDRÉ R	egistered office or regist  ATTRAY  Registered Agent signature require	er $oldsymbol{ heta}$ agent, or both, in the State $oldsymbol{ heta}$ RES IDE $n$ T	of Florida.	•
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	! FEE IS \$150.00 The will be \$550.00 to Department of Si	tate	ribution. L. Added	<b>0</b> May Be I to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATTRAY, ANDRE 16309 SW 26 STREET MIRAMAR FL 33029	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS  Change	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNROE, SANDRA 16309 SW 26 STREET MIRAMAR FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Change	1.25
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	C * * ****.
indicated of the cor	pertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with an address, with an address.	rue and accurate and that m vered to execute this report a th all other like empowered.	y signature shall have the is required by Chapter 60	e same legal effect as it made u 07, Florida Statutes; and that my	inder oath: that i am an officer	or director
SIGNAT	URE: SIGNATURE AND TYPED OR PR	TRANSPICER OF SIGNING OFFICER O	RATTRAY DIRECTOR	PRESIDENT	Daytime Phone #	