

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000068812**

1. Entity Name

SPRING FOREVER, INC.

Principal Place of Business

23245 SW 162ND AVE
HOMESTEAD FL 33031-1307

Mailing Address

23245 SW 162ND AVE
HOMESTEAD FL 33031-1307

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90057 048 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0936349**Applied For
Not Applicable5. 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

PEREZ, BEHAR & ASSOCIATES, INC.
14730 N.E. 10TH AVENUE
N. MIAMI FL 33161

Name

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	CASTANEDA, FELIPE	11231 N.W. 7TH ST. #10	MIAMI FL 33172-6501	<input type="checkbox"/>
VPD	CASTANEDA, MARIE DIANNE	11231 N.W. 7TH ST. #10	MIAMI FL 33172-6501	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CASTANEDA, FELIPE	23245 SW 162ND AVENUE	HOMESTEAD, FL 33031	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	CASTANEDA, MARIE DIANNE	23245 SW 162ND AVENUE	HOMESTEAD, FL 33031	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

04/20/2001 (205) 247-2232

CR2E034 (10/00)