

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 09, 2000 8:00 am**
Secretary of State

06-09-2000 90007 005 ***150.00

DOCUMENT # **P99 000110248**
1. Entity Name **SPIDER ENTERPRISES, INC.** ✓Principal Place of Business **1010 E. 49th ST**
HALEAH, FL 33013
Mailing Address **SAME****A0066176**2. Principal Place of Business **SAME AS ABOVE**
Suite, Apt. #, etc.
City & State
Zip
Country3. Mailing Address **SAME**
Suite, Apt. #, etc.
City & State
Zip
Country4. FEI Number **65-0969038**
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

SONIA RODRIGUEZ
1010 E. 49th ST
HALEAH, FL 33013

7. Name and Address of New Registered Agent

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 _____ (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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P LAURA G. FRIAS	17962 NW 9th COURT	Pembroke Pines, FL 33029	<input type="checkbox"/>
	VIS MARIA B. GOMEZ	16766 NW 15th ST	Pembroke Pines, FL 33028	<input type="checkbox"/>
	FRANK GOMEZ	16766 NW 15th ST	Pembroke Pines, FL 33028	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>	<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: **Laura G. Frias**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/27/2000 (305) 687-4753**
Date Daytime Phone #

CR2E034 (9/99)