

2001 UNIFORM BUSINESS REPORT (UBR)

0008727 AF

DOCUMENT # A26764

1. Entity Name

SPID LTD.

Principal Place of Business

701 BRICKELL AVENUE, SUITE 850
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE, SUITE 850
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
01 JUN -8 PM 12:17
SECRETARY OF STATE
TALLAH



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN
PRS INTERNATIONAL, INC.
801 BRICKELL AVE., SUITE 1301
MIAMI, FL FL 33131

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. Capital Contributions as Shown on record. **\$10,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000002121 SPID, COMPANY, LTD. THE LAKE BUILDING, FIRST FLOOR TORTOLA,BRT.VIR.ISL.	STREET ADDRESS CITY-ST-ZIP	400004422074--3 -06/15/01--01040--024 ****158.75 ****158.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	K28915 SPID COMPANY, INC. 701 BRICKELL AVENUE, SUITE 850 MIAMI FL 33131-2851	STREET ADDRESS CITY-ST-ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: JAVIER DE CRADY **4/20/01** **305-381-8340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (11/00)