

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001253 AV

DOCUMENT # A26764

1. Entity Name
SPID LTD.



FILED

03 JUL 11 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**801 BRICKELL AVENUE, 16TH FLOOR
MIAMI FL 33131**

Mailing Address
**801 BRICKELL AVENUE, 16TH FLOOR
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

**SULLIVAN, JOHN
PRS GROUP
801 BRICKELL AVE., 16TH FLOOR
MIAMI FL 33131**

Name
CI Corporation
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara A Burke*

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

7-10-2003

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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 # **F9300002121**
NAME **SPID, COMPANY, LTD.**
STREET ADDRESS **THE LAKE BUILDING, FIRST FLOOR**
CITY-ST-ZIP **TORTOLA, BRT. VIR. ISL.**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **K28915**
NAME **SPID COMPANY, INC.**
STREET ADDRESS **801 BRICKELL AVENUE, 16TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Signature* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/03

305-381-8340

Date

Daytime Phone #

CR2E003 (10/02)