

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90026 032 ***150.00

INFOREQ AV

DOCUMENT # J90051
 1. Entity Name
SPECIALTY INTERNATIONAL, INC.

Principal Place of Business Mailing Address
2063 OPA-LOCKA BLVD. **2063 OPA-LOCKA BLVD.**
MIAMI FL 33054 **MIAMI FL 33054**

2. Principal Place of Business 3. Mailing Address
2063 OPA Locka Blvd Suite, Apt. #, etc.

City & State City & State
OPA Locka FL *OPA Locka FL*
 Zip Country Zip Country
33054 *U.S.A* *33054* *U.S.A*

4. FEI Number Applied For
65-0011115 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JACK, SAMUEL
2063 OPA LOCKA BLVD.
MIAMI FL 33034

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: *[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.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete JACK, SAMUEL 9951 S.W. 83 ST. MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete JACK, FABIA 9951 S. W. 83 ST. MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/01 *305 681 3900*
Date Daytime Phone #

CR2E034 (5/01)



SPECIALTY INTERNATIONAL, INC.

INTERNATIONAL GROUP OF COMPANIES
MERCANTILE - BROKERS

Attachment
190051

BC004619

9/6/01

Gentlemen

This letter is to advise you that this office is filing late because we did not receive 2001 Uniform Business Report Form.

We have also enclosed the sum of \$150⁰⁰ check to cover the filing fee.

Thanks for your cooperation

Very truly
Yours
Sam Jahn