

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90145 001 ***210.00

DOCUMENT # N49160

1. Entity Name

SPECTRUM FOUNDATION, INC.

Principal Place of Business

Mailing Address

**11031 N.E. 6TH AVENUE
MIAMI FL 33161
US****11031 N.E. 6TH AVENUE
MIAMI FL 33161
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0373584

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

**HAYDEN, H. B
11031 NE 6TH AVE
MIAMI FL 33161-7182**

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 _____

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP DADDY, ROBERT E 100 SE SECOND ST SUITE #4000 MIAMI FL		201 Alhambra Circle - Suite 601 Coral Gables, FL 33134	
D ERONCIG, JAMES 2730 SW 3RD AVENUE STE 401 MIAMI FL 33129			
D RUBINSON, RICHARD 8780 SW 92 ST, 200 MIAMI FL			
D HAYDEN, H. BRUCE 11031 N.E. 6TH AVENUE MIAMI FL 33161			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/00)