2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 17, 2003 8:00 am § Secretary of State **DOCUMENT # N49160** 1. Entity Name 03-17-2003 90627 001 ***210.00 SPECTRUM FOUNDATION, INC. Principal Place of Business Mailing Address 11031 N.E. 6TH AVENUE 11031 N.E. 6TH AVENUE MIAMI FL 33161 MIAM! FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0373584 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYDEN, H. B Street Address (P.O. Box Number is Not Acceptable) 11031 NE 6TH AVE MIAMI FL 33161-7182 City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition Daddy, Robert e NAME 201 ALHAMBRA CIRCLE - STE 601 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CiTY-ST-ZIP TITLE ☐ Delete TITLE Change **ERONCIG, JAMES** Addition NAME NAME STREET ADDRESS 2730 SW 3RD AVENUE STE 401 STREET ADDRESS CITY-ST-ZIP MIAMI-FL 33129 -- -- ---CITY-ST-ZIP+ ☐ Delete TITLE ☐ Change ☐ Addition RUBINSON, RICHARD NAME NAME 8780 SW 92 ST, 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAYDEN, H. BRUCE NAME NAME STREET ADDRESS 11031 N.E. 6TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

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12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-7IP

RE REQUERED Tuce Hayden, President 02/04/03 305 757 0602