

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90113 002 ***150.00

DOCUMENT # P95000000971
 1. Entity Name
SPECTOR DEVELOPMENT, INC.

Principal Place of Business SHAPO, FREEDMAN & BLOOM 200 S BISCAYNE BLVD STE 4750 MIAMI FL 33131 US	Mailing Address LOEB, BLOCK & PARTNERS, LLP 505 PARK AVE 9TH FLOOR NEW YORK NY 10022-1106 US
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2. Principal Place of Business LEONARD BLOOM PA	3. Mailing Address Suite, Apt. #, etc. 201 S. Biscayne Blvd Ste 3000
City & State Miami, Florida	City & State
Zip 33131	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SOUTH FLORIDA RESIDENT AGENTS INC.
FIRST UNION FINANCE CENTER
200 S BISCAYNE BLVD STE 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **B&C CORPORATE SERVICES, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD. STE. 3000
 City **MIAMI** FL Zip Code **33131**

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 *Manuel Salgado, Vice President* DATE *04/26/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DP <input type="checkbox"/> Delete BERKE, HOWARD 505 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete WACKSMAN, JEFFREY E. 505 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete SELZER, HERBERT M 505 PARK AVENUE, 9TH FLOOR NEW YORK NY 10022
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	DP <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
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
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: REQUIRED *Herbert Selzer* DATE *4/26/00* DAYTIME PHONE # *212-755-5510*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)