

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90044 049 ***150.00

DOCUMENT # S22030

1. Entity Name

SPIEGEL & UTRERA, P.A.

Principal Place of Business

**343 ALMERIA AVENUE
 CORAL GABLES FL 33134
 US**

Mailing Address

**P. O. BOX 144479
 CORAL GABLES FL 33114-4479
 US**

2. Principal Place of Business

1840 Southwest 22 Street

Suite, Apt. #, etc.

4th Floor

3. Mailing Address

P.O. Box 450605

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33145

Country

Zip

33245

Country

4. FEI Number

65-0236143

Applied For

Not Applicable

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

**SPIEGEL, LAWRENCE J.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

Spiegel, Lawrence J.

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code

33145

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.

Spiegel & Utrera, P.A.

SIGNATURE By:

Signature, Name, Title, and Address of Registered Agent (NOTE: Registered Agent signature required when reinstating)

Natalia Utrera, Vice President

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
 NAME **SPIEGEL, LAWRENCE J**
 STREET ADDRESS **345 ALMERIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **DPS** ☒ Change ☐ Addition
 NAME **Spiegel, Lawrence J.**
 STREET ADDRESS **1840 Southwest 22 Street, 4th Floor**
 CITY-ST-ZIP **Miami, Florida 33145**

TITLE **VS** ☐ Delete
 NAME **NATALIA, UTRERA**
 STREET ADDRESS **343 AMMERIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VS** ☒ Change ☐ Addition
 NAME **Utrera, Natalia**
 STREET ADDRESS **1840 Southwest 22 Street, 4th Floor**
 CITY-ST-ZIP **Miami, Florida 33145**

TITLE **AS** ☐ Delete
 NAME **DOWD, JEFFREY A**
 STREET ADDRESS **3623 WEST KENNEDY BLVD**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **GARCIA, RAMON**
 STREET ADDRESS **3526 N FEDERAL HWY**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Lawrence J. Spiegel 5/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)