

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **601407**

1. Entry Name

SPENCE, PAYNE, MASINGTON & NEEDLE, P.A.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90034 009 ***150.00

00053242

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2950 SW 27TH AVENUE 2950 SW 27TH AVENUE
SUITE 300 SUITE 300
COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number 59-1271748 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, R.W., JR.
2950 S.W. 27TH AVENUE, SUITE 300
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name PAYNE, R.W., JR.
Street Address (P.O. Box Number is Not Acceptable) 2645 S. BAYSHORE DRIVE, #1503
City MIAMI FL Zip Code 33133

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 *R.W. Payne Jr.* R.W. Payne Jr. Vice President 3-30-00
(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. (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	PD	<input type="checkbox"/> Delete
NAME	SPENCE, J.B.	
STREET ADDRESS	#300, 2950 SW 27TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	PAYNE, R.W., JR.	
STREET ADDRESS	#300, 2950 SW 27TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEEDLE, ANDREW	
STREET ADDRESS	#300, 2950 SW 27TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *R.W. Payne Jr.* R.W. Payne Jr. 3-30-00 305-858-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)