

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 727350**

1. Entity Name

SPECTRUM PROGRAMS REAL ESTATE HOLDINGS, INC.**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90145 001 ***210.00

Principal Place of Business

Mailing Address

**11031 NE 6TH AVE
MIAMI FL 33161-7182
US****11031 NE 6TH AVE
MIAMI FL 33161-7182
US**

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

59-1625091

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

**HAYDEN, H BRUCE
11031 NE 6TH AVENUE
MIAMI FL 33161**

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
**VPD
KLEIN, DONALD
2665 S BAYSHORE DR #903
COCONUT GROVE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HAYDEN, H. B
11031 NE 6TH AVENUE
MIAMI FL 33161-7182** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
DADY, ROBERT E.
100 SE 2NS ST STE 4000
MIAMI, FL 00000** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**201 Alhambra Circle, Suite 601
Coral Gables, FL 33134**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ERONCIG, JAMES
2730 SW 3RD AVENUE STE 401
MIAMI FL 33129** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
JOSEFSBERG, ROBERT
25 W FLAGLER ST SUITE 800
MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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** Hayden-President

01/10/01

305 757 0602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)