

2001 UNIFORM BUSINESS REPORT (UBR)

0006644 AF

DOCUMENT # A99000001399

1. Entity Name

SPOKAS ENTERPRISES, LTD.

FILED

01 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1600 SE 14TH STREET
FORT LAUDERDALE FL 33316

Mailing Address

1600 SE 14TH STREET
FORT LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0941757

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHEINFELDT, STEVEN C ESQUIRE
THE CENTRE, SUITE 206
9900 STIRLING ROAD
COOPER CITY FL 33024

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.

(NOT)

Registered Agent signature required when reinstating

DATE

9. Capital Contributions
as Shown on record.

\$700,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000066241
NAME SPOKAS MANAGEMENT, INC.
STREET ADDRESS 1600 SE 14TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33316

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # *nk*
NAME *5/15*
STREET ADDRESS
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Marion De Spokas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-01

Date

(954) 463-6358

Daytime Phone #

CR2E003 (11/00)