

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002121

1. Entity Name

SPID COMPANY LIMITED

Principal Place of Business

THE LAKE BUILDING, FIRST FLOOR  
WICKHAMS CAY, ROAD TOWN  
TORTOLA, B. VIRGIN ISLANDS

Mailing Address

701 BRICKELL AVE. STE. 850  
MIAMI FL 33131-2851

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN S  
701 BRICKELL AVE., STE 850  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code  
33324

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)

VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY

4/26/01  
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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS ZARACK DE LA GUARDIA, LUIS CARLOS  
CITY-ST-ZIP AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA  
PISO NO.10 PANAMA 1, R D P

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS LEDEZMA, HERIBERTO  
CITY-ST-ZIP AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA  
PISO NO.10 PANAMA 1, R D P

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS MANSFIELD, ABDIEL  
CITY-ST-ZIP AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA  
PISO NO.10 PANAMA 1, R D P

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

305-381-8340

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90022 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)