

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90120 027 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**801 Brickell Avenue**  
 Suite, Apt. #, etc.  
**16th Floor**  
 City & State  
**Miami, FL.**  
 Zip  
**33131**  
 Country  
**USA**

4. FEI Number **NOT APPLICABLE** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT. CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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, 2002 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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ZARACK DE LA GUARDIA, LUIS CARLOS</b>	
STREET ADDRESS	<b>AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA</b>	
CITY-ST-ZIP	<b>PISO NO.10 PANAMA 1, R D P</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>LEDEZMA, HERIBERTO</b>	
STREET ADDRESS	<b>AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA</b>	
CITY-ST-ZIP	<b>PISO NO.10 PANAMA 1, R D P</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MANSFIELD, ABDIEL</b>	
STREET ADDRESS	<b>AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA</b>	
CITY-ST-ZIP	<b>PISO NO.10 PANAMA 1, R D P</b>	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **3/21/02** **305-381-8340**  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)