

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

2. Principal Place of Business

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
16th Floor

City & State

City & State
Miami, FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

33131

Country

USA

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

CT. CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

305-381-8340

Daytime Phone #

CR2E034 (9/01)