2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9900001224 Jul 13, 2000 8:00 am 1. Entity Name **Secretary of State** SPEERT INTERNATIONAL, INC. 07-13-2000 90021 009 ***550.00 Principal Place of Business Mailing Address 3133 NW 25TH AVE. 3133 NW 25TH AVE. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business. 3 / 3 3 W.W. 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0723524 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3306 9 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. FRIEDMAN, ERNIE Street Address (P.O. Box Number is Not Acceptable) 3133 NW 25TH AVE. POMPANO BEACH FL 33069 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition **BLOCK, DAVID** NAME NAME STREET ADDRESS STREET ADDRESS 2200 DEVON CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL 60018 TITE F ☐ Addition TITI F ☐ Delete ☐ Chance NAME FRIEDMAN, ERNIE NAME STREET ADDRESS 3133 NW 25TH AVE. STREET ADDRESS CITY-ST-7IP CJTY-ST-7IP POMPANO BEACH FL 33069 ☐ Addition TITLE Delete TITLE ☐ Change FRIEDMAN, GREGG NAME NAME STREET ADDRESS 3133 NW 25TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete TITLE ☐ Change ☐ Addition TITLE BLOCK, DAVID NAME NAME STREET ADDRESS 2200 E. DEVON STREET ADDRESS CITY-ST-ZIP DES PLAINES IL 60018 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ess, with all other like empowered