2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State F99000001224 DOCUMENT # 1. Entity Name 01-31-2002 90049 010 ***150.00 SPEERT INTERNATIONAL, INC. Mailing Address Principal Place of Business 3133 NW 25TH AVE. 3133 NW 25TH AVE. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business 601 N.W. 601 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0723524 Not Applicable Country \$8,75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FRIEDMAN, ERNIE Street Address (P.O. Box Number is Not Acceptable) 3133 NW 25TH AVE. POMPANO BEACH FL 33069 8. The above named entity submits this statement for the purpose of changing its registered office or register -10-07 SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE FRIEDMAN, ERNIË NAME NAME STREET ADDRESS 3133 NW 25TH AVE. STREET ADDRESS 33442 CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Delete TITLE TITLE FRIEDMAN, GREGG NAMÉ NAME 3133 NW 25TH AVE. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE

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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

CR2E034 (9/01