2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001224

1. Entity Name
SPEERT INTERNATIONAL, INC.

Principal Place of Business
601 N.W 12TH AVE.
DEERFIELD BEACH FL 33442

Mailing Address
601 N.W 12TH AVE.
DEERFIELD BEACH FL 33442

2. Principal Place of Business
601 JIM MORAN BLVD

Suite, Apt. #, etc.

City & State: DEERFIELD BEACH FL
Zip: 33442   Country: USA

3. Mailing Address
601 Jim Moran Blvd

Suite, Apt. #, etc.

City & State: DEERFIELD BEACH FL
Zip: 33442   Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0723524
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMAN, ERNIE
601NW 12TH AVE.
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

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

601 JIM MORAN BLVD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Ernie Friedman_ ERNIE FRIEDMAN   2-5-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: DP NAME: FRIEDMAN, ERNIE STREET ADDRESS: 601 NW 12TH AVENUE CITY-ST-ZIP: DEERFIELD BEACH FL 33442	☐ Delete		TITLE: NAME: STREET ADDRESS: 601 Jim Moran Blvd. CITY-ST-ZIP:	☒ Change	☐ Addition
TITLE: D NAME: FRIEDMAN, GREGG STREET ADDRESS: 601 NW 12TH AVENUE CITY-ST-ZIP: DEERFIELD BEACH FL 33442	☐ Delete		TITLE: NAME: STREET ADDRESS: 601 Jim Moran Blvd. CITY-ST-ZIP:	☒ Change	☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Signature_ ERNIE FRIEDMAN 2-5-03 954-421-6878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)