

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90026 032 \*\*\*150.00

**DOCUMENT # J90051**

1. Entity Name

**SPECIALTY INTERNATIONAL, INC.**

Principal Place of Business

**2063 OPA-LOCKA BLVD.  
 MIAMI FL 33054**

Mailing Address

**2063 OPA-LOCKA BLVD.  
 MIAMI FL 33054**

2. Principal Place of Business

**2063 OPA Locka Blvd**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**OPA Locka FL**

City & State

**OPA Locka FL**

4. FEI Number

**65-0011115**

Applied For

Not Applicable

Zip

**33054**

Country

**U.S.A**

Zip

**33054**

Country

**U.S.A**

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

6. Name and Address of Current Registered Agent

**JACK, SAMUEL  
 2063 OPA LOCKA BLVD.  
 MIAMI FL 33034**

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

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **P** ☐ Delete  
 NAME **JACK, SAMUEL**  
 STREET ADDRESS **9951 S.W. 83 ST.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ Delete  
 NAME **JACK, FABIA**  
 STREET ADDRESS **9951 S. W. 83 ST.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/7/01 305 681 3900**  
 Date Daytime Phone #

CR2E034 (5/01)



# SPECIALTY INTERNATIONAL, INC.

INTERNATIONAL GROUP OF COMPANIES  
MERCANTILE - BROKERS

Attachment  
# 19005

BOO04619

9/6/01

Gentlemen

It is better to advise you that  
this office is falling late because we did  
not receive 2001 Uniform Business  
Report form.

We have also enclosed the sum  
of \$150<sup>00</sup> check to cover the falling  
fee.  
Thanks for your cooperation

Very truly  
Yours  
Sam Jack