

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90015 002 \*\*\*163.75

**DOCUMENT # K45337**

1. Entity Name

**L.A. SPIEGELMAN AND ASSOC. LTD., INC.**

Principal Place of Business

**1221 BRICKELL AVE  
STE 2600  
MIAMI FL 33131  
US**

Mailing Address

**1221 BRICKELL AVE  
STE 2600  
MIAMI FL 33131  
US**

2. Principal Place of Business

**701 Brickell Ave**

Suite, Apt. #, etc.  
**2500**

City & State  
**Miami FL**

Zip  
**33131**

Country  
**Dach**

3. Mailing Address

**701 Brickell Ave**

Suite, Apt. #, etc.  
**2500**

City & State  
**Miami FL**

Zip  
**33131**

Country  
**Dach**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2922298**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DATRAM CORPORATE AGENTS, INC.  
9100 S DADELAND BLVD  
PENTHOUSE I  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **LEE SPIEGELMAN**

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

**4404 No Bay Rd.**

City **Miami Beach**

**FL**

Zip Code  
**33140**

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

*Lee Spiegel*

**2/28/01**

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, 2001 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

TITLE **DPS** ☐ Delete  
NAME **SPIEGELMAN, LEE**  
STREET ADDRESS **1221 BRICKELL AVE**  
CITY-ST-ZIP **MIAMI FL 33131**

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

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  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lee Spiegel (Pres)*

Date

**2/28/01**

Daytime Phone #

**305 536 1438**

CR2E034 (10/00)