

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K45337**

1. Entity Name  
**L.A. SPIEGELMAN AND ASSOC. LTD., INC.**



Principal Place of Business  
**701 BRICKELL AVE  
2500  
MIAMI FL 33131  
US**

Mailing Address  
**701 BRICKELL AVE  
2500  
MIAMI FL 33131  
US**

2. Principal Place of Business **3. Mailing Address**

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

City & State **City & State**

Zip **Country** Zip **Country**

**6. Name and Address of Current Registered Agent**

**SPIEGELMAN, LEE  
4404 N BAY ROAD  
MIAMI FL 33140**

**7. Name and Address of New Registered Agent**

|  |    |          |
|--|----|----------|
| Name   |    |          |
| Street Address (P.O. Box Number is Not Acceptable) |    |          |
| City   | FL | Zip Code |

4. FEI-Number **59-2922298**  Applied For  
 Not Applicable

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

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

**FILE NOW!!! FEE IS \$550.00**

After September 10, 2003 Fee will be \$750.00  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPS</b><br><b>SPIEGELMAN, LEE</b><br><b>701 BRICKELL AVE</b><br><b>MIAMI FL 33131</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 addressee, with all other like empowered.

SIGNATURE: **LEONARD SPIEGELMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*LL Spry* 7/8/03 5361438

Date Daytime Phone #

9686300  
AV

CR2E034 (4/03)

**FILED  
Aug 04, 2003 8:00 am  
Secretary of State**

08-04-2003 90139 019 \*\*\*550.00