

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010789 AF

DOCUMENT # L00000007914

1. Entity Name  
SPECTRUM INVESTMENT COMPANY LLC

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1480 N.W. 94TH AVENUE  
MIAMI FL 33172

Mailing Address  
1480 N.W. 94TH AVENUE  
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1300 NW 19th St  
Suite, Apt. #, etc.  
304

3. Mailing Address  
PO Box 526325  
Suite, Apt. #, etc.

City & State  
Miami, FL 33126

City & State  
Miami, FL

4. FEI Number  
65-1021460

Applied For  
Not Applicable

Zip  
Country  
USA

Zip  
Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ALFARO, BEATRIZ  
1480 N.W. 94TH AVENUE  
MIAMI FL 33172

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1300 Corporate Center Drive  
Suite 304  
City Miami FL Zip Code 33126

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000004017120--9  
-04/19/01--01018--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
General Manager  
Juan M. Fernandez  
1300 NW 19th St Suite 304  
Miami FL 33126

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
000004017120--9  
-04/19/01--01018--015  
\*\*\*\*\*5.00 \*\*\*\*\*5.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/01

Date

786.845.2500

Daytime Phone #

CR2E083 (11/00)