

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90037 013 \*\*\*\*50.00

**DOCUMENT # L00000007914**

1. Entity Name

**SPECTRUM INVESTMENT COMPANY LLC**

Principal Place of Business

**7300 NW 19TH ST., STE 304  
 MIAMI FL 33126**

Mailing Address

**P.O. BOX 526325  
 MIAMI FL 33152**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1021460**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

999388



## 6. Name and Address of Current Registered Agent

**ALFARO, BEATRIZ  
 7300 CORPORATE CENTER DRIVE  
 SUITE 304  
 MIAMI FL 33126**

## 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **FERNANDEZ, JUAN M**  
 STREET ADDRESS **7300 NW 19 ST., STE 304**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DIRECTOR OF OPERATIONS** ☐ Delete  
 NAME **MAURICIO BERNAL**  
 STREET ADDRESS **SAME AS ABOVE**  
 CITY-ST-ZIP **SAME AS ABOVE**

TITLE **DIRECTOR OF SALES** ☐ Delete  
 NAME **CHARLES ALVAREZ**  
 STREET ADDRESS **SAME AS ABOVE**  
 CITY-ST-ZIP **SAME AS ABOVE**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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**

**MAURICIO BERNAL**

**2/28/02**

**786.845.2500**

CR2E083 (9/01)