

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90046 040 ****50.00

DOCUMENT # L00000016341

1. Entity Name

THE SPENCER AGENCY, LLC

Principal Place of Business

**8780 HORSESHOE LN
BOCA RATON FL 33496**

Mailing Address

**200 S BISCAYNE BLVD
SUITE 1880
MIAMI FL 33131**

908882



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6301 N. OCEAN BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCEAN RIDGE, FL.

City & State

4. FEI Number

65-1069664

Applied For

Not Applicable

Zip

33435

Country

PALM BEACH

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDSTEIN, DAVID M ESQ
200 S. BISCAYNE BLVD., SUITE 1880
MIAMI FL 33131**

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

DAVID M. GOLDSTEIN

1/10/02

(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

10. ADDITIONS/CHANGES

TITLE **D** ☐ Delete
NAME **MALNIK, ALVIN**
STREET ADDRESS **%200 S. BISCAYNE BLVD., SUITE 1880**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/14/02 (561) 733-3333

Date

Daytime Phone #

CR2E083 (9/01)