

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011304

1. Entity Name
SPIR, L.L.C.

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90371 006 ****50.00

Principal Place of Business

Mailing Address

~~495 CENTER ISLAND DRIVE~~
~~GOLDEN BEACH FL 33160~~

~~495 CENTER ISLAND DRIVE~~
~~GOLDEN BEACH FL 33160~~

2. Principal Place of Business

3. Mailing Address

495 Center Island

495 Center Island

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Golden Beach, Fl.

City & State

Golden Beach, Fl.

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

05-1120605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, IRA R
16375 NE 18TH AVE. SUITE 225
N. MIAMI BEACH FL 33162

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. 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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	NAKHAMKIN, EDUARD	
STREET ADDRESS	495 Center Island	
CITY-ST-ZIP	Golden Beach, Fl. 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MEM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAKHAMKIN, EDUARD	
STREET ADDRESS	495 Center Island	
CITY-ST-ZIP	Golden Beach, Fl. 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (4/02)

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:

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

Date

Daytime Phone #

7-5-02 (305) 931-6828