

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90103 034 \*\*\*150.00

**DOCUMENT # L31737**

1. Entity Name  
**YOUR LOGO HERE, INC.**



Principal Place of Business  
**500 STIRLING ROAD  
DANIA FL 33004  
US**

Mailing Address  
**500 STIRLING ROAD  
DANIA FL 33004  
US**



2. Principal Place of Business  
**6431 SW. 142 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**6431 SW. 142 AVE**  
Suite, Apt. #, etc.

City & State  
**SW. Ranches**

City & State  
**SW Ranches**

4. FEI Number  
**65-0155197**

Applied For  
Not Applicable

Zip  
**33330**  
Country  
**USA**

Zip  
**33330**  
Country  
**USA**

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

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

**BLUM, SAMUEL SPENCER  
2665 S. BAYSHORE DR  
SUITE 406  
COCONUT GROVE FL 33133**

**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 *Richard Spier*  
Signature, typed or printed name of registered agent and title if applicable.

*RICHARD SPIER*  
(NOTE: Registered Agent signature required when reinstating)

*1/16/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

TITLE **PD** ☐ Delete  
NAME **SPIER, RICHARD MARTIN**  
STREET ADDRESS **6431 HANCOCK RD**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P.D.** ☒ Change ☐ Addition  
NAME **SPIER, RICHARD MARTIN**  
STREET ADDRESS **6431 HANCOCK RD**  
CITY-ST-ZIP **SW. RANCHES, FL 33330**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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 address, with all other like empowered.

SIGNATURE: *Richard Spier* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/03*  
Date

*954-252-0033*  
Daytime Phone #

CR2E034 (10/02)