2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90122 019 ***150.00

DOCUMENT # L53287

1. Entity Name
S.P.M. GROUP, INC.

Principal Place of Business	Mailing Address
2151 LEJEUNE RD. STE. 305 CORAL GABLES FL 33134 US	2151 LEJEUNE RD. STE. 305 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 NW 97 AVE	
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State:
Zip: 33172 Country: USA	Zip: Country:

4. FEI Number 65-0173941 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ARTEAGA, CARLOS~~ ~~2151 LEJUENE RD. STE.~~ 305 ~~CORAL GABLES FL 33134~~	Name: Carlos Arteaga Street Address (P.O. Box Number is Not Acceptable): 2500 NW 97 Ave. No. 200 City: Miami FL Zip Code 33172

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] DATE 5/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARTEAGA, CARLOS	NAME	
STREET ADDRESS	~~2151 LEJEUNE RD. STE. 305~~	STREET ADDRESS	2500 NW 97 AVE. No. 200
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	CITY-ST-ZIP	Miami, FL 33172
TITLE	VPSC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AGUILERA, RAUL	NAME	
STREET ADDRESS	~~2151 LEJEUNE RD. STE. 305~~	STREET ADDRESS	2500 NW 97 Ave. No. 200
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	CITY-ST-ZIP	Miami, FL 33172
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/00 444-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #