

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01-90

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90014 028 \*\*\*150.00

**DOCUMENT # P00000006460**

1. Entity Name

**SPEKTAR KREMENA INC.**

Principal Place of Business

1100 NE 25TH AVE UNIT 2  
 POMPANO BEACH FL 33062

Mailing Address

1100 NE 25TH AVE UNIT 2  
 POMPANO BEACH FL 33062

2. Principal Place of Business

2758 W. ATLANTIC BLVD SUITE

3. Mailing Address

1100 NE 25TH AVE UNIT 2

Suite, Apt. #, etc.

#22

Suite, Apt. #, etc.

POMPANO BEACH FL

City & State

FLORIDA

City & State

FLORIDA

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

65-0983580

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IVANOV, TIHOMIR M

1100 NE 25TH AVE UNIT 2

POMPANO BEACH FL 33062

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

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, 2001 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

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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	MITIO T. IVANOV	
CITY-ST-ZIP	GEN GOURKO 104 apt. 60	
	STARA ZAGORA 6000 BULGARIA	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIHOMIR IVANOV	
STREET ADDRESS	1100 NE 25TH AVE UNIT 2	
CITY-ST-ZIP	POMPANO Bch FL 33062	
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		

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 employees.

SIGNATURE:

*Tihomir Ivanov*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/08/2001 (954) 786 7711

CR02034 (10/00)