

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90170 017 ***150.00

DOCUMENT # P00000006460

1. Entity Name
SPEKTAR KREMENA INC.



Principal Place of Business
**2758 W ATLANTIC BLVD STE 22
POMPANO BEACH FL 33062**

Mailing Address
**1100 NE 25TH AVE. UNIT 2
POMPANO BEACH FL 33062**

2. Principal Place of Business
1100 NE 25TH AVE # 2

3. Mailing Address
SAME

Suite, Apt. #, etc.
Pompano Beach

Suite, Apt. #, etc.

City & State
FL 33062

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0983580

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. 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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
IVANOV, MITIO T
GEN GOURKO 104 APT 60
STARA ZAGROA BULGARIA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
IVANOV, TIHOMIR
1100 NE 25TH AVE, UNIT 2
POMPANO BEACH FL 33062** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Jan. 2003 954 7012072

Date

Daytime Phone #

CR2E034 (10/02)