

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000 52228

1. Entity Name

SPECTRO DATA, CORP



FILED

03 DEC 31 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

02-03

2. Principal Place of Business

648 NW 130 WAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33028

Country

BROWARD

Zip

Country

4. FEI Number

65-1015649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BACELAR, MARIO A

Street Address (P.O. Box Number is Not Acceptable)

648 NW 130 WAY

City

PEMBROKE PINES

FL

Zip Code
33028

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

Mario Bacelar

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PD.
BACELAR, MARIO A
648 NW 130 WAY
PEMBROKE PINES, FL 33028

TITLE
NAME
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario Bacelar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2ED-94B (12/02)

13

FROM :

FAX NO. :

Dec. 17 2003 06:59PM P1

20f2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **SPECTRO DATA, CORP**

Thank you for your courtesy in this matter.

Mario Bacelar
MARIO A. BACELAR
PRESIDENT