## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 27, 2001 8:00 am DOCUMENT # \$00000100194 **Secretary of State** 03-27-2001 90657 003 \*\*\*158.75 SPANOS TECHNOLOGIES, INE A6038249 2. Principal Place of Business 3. Mailing Address 4250 NW 26th AVE 4250 NW 26 th AUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 65-1050449 BOCA BOCA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANIRZ 4250 NW 26th AURNUR 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 MAR 5,2001 SIGNATURE $\perp$ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001, Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (11/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition tresident MELANI SPANOS-PHODES NAME NAME STREET ADDRESS 4250 NW 26th AUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOLA RATION, FL 33434 VICE PRESIDENT ☐ Delete Change ☐ Addition TITLE NAME DANIEL C. PHODES NAME STREET ADDRESS 4250 NW 26th AUE STREET ADDRESS CITY-ST-ZIP BOCA RATION FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR