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2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P01000024664 DOCUMENT # 1. Entity Name SPECTRUM IMPORTS, INC. 04-11-2002 90948 001 ***150.00 04-11-2002 90948 002 *****8.50 Principal Place of Business Mailing Address 1407 NORTHEAST 56TH STREET 1407 NORTHEAST 56TH STREET **SUITE 302** SHITE 302 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For (05-1085055 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NDRZET SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 MAZIAKZ ANDRZEJ NOTE: Registered Agent signatore required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$180.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box 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 **PSTD** TITLE ☐ Defete TITLE (9/01 ☐ Change ☐ Addition MAZIARZ, ANDRZEJ NAME NAME 1407 NORTHEAST 56TH STREET SUITE 302 STREET ADDRESS STREET ADDRESS CR2E034 FORT LAUDERDALE FL 33334 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ★ Addition ☐ Delete Szymon Maziarz NAME 1487 NE SG Street #302 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -TITLE /P MAJA MAZIARZ Char 1407 NE 56 STREET #302 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE PL 33354 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 truebe 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.

SOZIN ANDRZET MAZIARZ SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR