2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000024664

1. Entity Name

SPECTRUM IMPORTS, INC.



FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90145 007 ***150.00

				WE I					
Principal Place of Business 1407 NORTHEAST 56TH STREET SUITE 302 FORT LAUDERDALE FL 33334		Mailing Address 1407 NORTHEAST 56TH STREET SUITE 302 FORT LAUDERDALE FL 33334					-		
2. Principal Place of Business		3. Mailing Address					H 88HI BBHID		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. (4. FEI Number 65-1085055			plied For t Applicable
Zip Country		Zip	Countr	ry	5. Certificate of Status Desir		\$8.75 Additional Fee Required		litional
	6. Name and Address of Current I	Registered Agent			7. 1	Name and Address of New R	egistered	Agent	
				Name	 '				
	ANDRZEJ "ANDRZEJ"		Street Addres			s (P.O. Box Number is Not Acceptable)			
	56 STREET #302		-						
- FORT LAU	JDERDALE FL 33334								ļ
<u>.</u>				City ·		÷ *	FL	Zip Code	3
	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a				egistered ag		DATE	Tamiliar With,	and accept
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of					9. Election Campaign Fin Trust Fund Contribution	n. [Added	May Be to Fees
10.	OFFICERS AND		11.		AL	DITIONS/CHANGES TO OFF	ICERS ANI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAZIARZ, ANDRZEJ 1407 NORTHEAST 56TH STREET FORT LAUDERDALE FL 33334	Delete		T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZIARZ, SZYMON 1407 NE 56 STREET #302 FORT LAUDERDALE FL 33334	X Delete		T ADDRESS ST-ZIP	S BA	NUSZ A.PIEK SNIOWA STR SZ - POLAND	CNY	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZIARZ, MAJA 1407 NE 56 STREET #302 FORT LAUDERDALE FL 33334	🙇 Delete	TITLE NAME STREE	T ADDRESS		्र प्राप्तकार		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY_ST_7IP		☐ Delete		T ADDRESS				☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 09-2003

Date Daytime F

CH2E034 (10/02)