## , 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State P01000040162 DOCUMENT # 1. Entity Name 05-06-2002 90052 012 \*\*\*150 00 SPEAR VALENCIA CORP. Principal Place of Business Mailing Address 3721 S.W. 47TH AVENUE 3721 S.W. 47TH AVENUE SUITE 307 SUITE 307 FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-1103157 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPEAR, DAVID A Street Address (P.O. Box Number is Not Acceptable) 3721 S.W. 47TH AVENUE SUITE 307 FORT LAUDERDALE FL 33314 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DΡ TITLE Change ☐ Addition TITLE ☐ Defete Spear, Jeffrey N. NAME NAME STREET ADDRESS STREET ADDRESS 3721 S.W. 47 Avenue, Ste. 307 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33314 Change ☐ Addition ☐ Delete TITLE TITLE DVST NAME NAME Spear, David A. STREET ADDRESS STREET ADDRESS 3721 S.W. 47 Avenue, Ste. 307 CITY-ST-ZIP CITY-ST-7IP Ft. Lauderdale, FL ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 given like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED