

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000971

1. Entity Name

SPECTOR DEVELOPMENT, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90113 002 \*\*\*150.00

Principal Place of Business

Mailing Address

SHAPO, FREEDMAN & BLOOM  
 200 S BISCAYNE BLVD STE 4750  
 MIAMI FL 33131  
 US

LOEB, BLOCK & PARTNERS, LLP  
 505 PARK AVE 9TH FLOOR  
 NEW YORK NY 10022-1106  
 US

2. Principal Place of Business

LEONARD BLOOM PA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201 S. Biscayne Blvd Ste 3000

City & State  
 Miami, Florida

City & State

Zip  
 33131

Country  
 U.S.A.

Zip

Country

4. FEI Number  
 65-0564055

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTH FLORIDA RESIDENT AGENTS INC.  
 FIRST UNION FINANCE CENTER  
 200 S BISCAYNE BLVD STE 4750  
 MIAMI FL 33131

Name  
 B&C CORPORATE SERVICES, INC.

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

201 S. BISCAYNE BLVD. STE. 3000

City  
 MIAMI

FL

Zip Code  
 33131

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 BERKE, HOWARD  
 505 PARK AVENUE, 9TH FLOOR  
 NEW YORK NY 10022

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DS  
 WACKSMAN, JEFFREY E  
 505 PARK AVENUE, 9TH FLOOR  
 NEW YORK NY 10022

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 SELZER, HERBERT M  
 505 PARK AVENUE, 9TH FLOOR  
 NEW YORK NY 10022

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 BERKE, HOWARD  
 505 PARK AVENUE, 9TH FLOOR  
 NEW YORK NY 10022

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DS  
 WACKSMAN, JEFFREY E  
 505 PARK AVENUE, 9TH FLOOR  
 NEW YORK NY 10022

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 212-755-5510

Herbert Selzer

CR2E034 (9/99)