FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2003 8:00 am Secretary of State

DOCUMENT # P950000 43822			04-24-2003 90215 007 ***150.00	
1. Entity Name SPIELMAN ENTERPRISES,	TNC			
SETEPHAN BUTEKEKISES,	O			
DO NOT WRIT	E IN THIS SPACE			. 15
The state of the s			90104294	
。 1. 自己 第二十二章 神聖禮 · 是 實際 · 教 · 。 1. 自己 · 第二十二章 · 克里· 克里· 克里· 克里· 克里· 克里· 克里· 克里· 克里· 克			के E देश के नाम प्रत्यापन स्थापना पूर्ण	1 1 1 1 1 1 1 1
2. Principal Place of Business	3. Mailing Address		The second secon	ing produced the second of the
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
1970 NE 118TH ROAD City & State	& State City & State		4. FEI Number	Applied For
N. MAIMI FL	Zip	Country	22-3436070	Not Applicable \$8.75 Additional
33181 <u>U</u> SA			5. Certificate of Status Desired	Fee Required
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent	
GERALD			SPIELMAN s (P.O. Box Number is Not Acceptable)	
	1970 NE 118TH ROAD			
	E	N. MAIM	1I FL	Zip Code 33181
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. I am familiar with, and accept the obligations of registered agent.				
and accept the obligations of registered ager	ц.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
January 1 - May 1 Fee is \$150.00	istored agent and title if applicable.	(NOTE: Registered A	, 1	
After May 1, Fee is \$550.00 Amended UBR is \$61.25	9		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of 10. OFFICERS AND	DIRECTORS			
nne PRESIDENT		TITLE	• ,	CRZEQ34B (12/02)
NAME GERALD, SPIELMAN , STREET ADDRESS 1970 NE 118TH ROAD		NAME STREET ADDRESS	TADORESS	
CITY-SI-ZIP N. MAIMI, FL 3		CITY - ST - ZIP) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
TITLE		TITLE	,	CRZI
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME	TITLE NAME			
STREET ADDRESS	ADDRESS			
TITLE		CITY - ST - ZIP	DO NOT WRITE IN THIS	SPACE
NAME		NAME	•	
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP		
TITLE	<u></u>	лте.		
NAME				
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP		*
TILE		πιε	1 2 2 1 2 2	
NAME STREET ADDRESS		NAME STREET ADDRESS	A STATE OF THE STA	
CITY - ST - ZIP	·	CITY - ST - ZIP		
12. I hereby certify that the information supplied vinformation indicated on this report or supple	with this filing does not qualify for	or the exemption stated	in Section 119.07(3)(i). Florida Statutes, I fur	ther certify that the
an officer or director of the corporation or the appears in Block 10 or on an attachment with	receiver or trustee empowered	to execute this report as		
	an address, with all other like	(a) lun	1121 72 120	5-17 47
SIGNATURE: SIGNATURE AND TYPES	OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	970-03 SOLFT	e Phone #