2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED DOCUMENT # P97000034791 May 04, 2000 8:00 am Secretary of State S.P. INTERNATIONAL, INC. 05-04-2000 90231 014 ***150.00 Principal Place of Business Mailing Address 1440 CORD RIDGE DRIVE 1440 CORAL RIDGE DRIVE SUITE 172 SHITE 172 CORAL SPRINGS FL 33071-5433 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 291-A South Powerline Rd Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE PMB # 131 丑 205 City & State City & State Applied For 4. FEI Number 65-0746053 tompano Beoch POMPANO BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33069 Fee Required 6. Name and Address of Current Registered Agent .7.: Name and Address of New Registered Agent == == SEIJAS, JOSE C. Street Address (P.O. Box Number is Not Acceptable) :800 = yp285" Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intargible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 11. ■ Addition TITLE TITLE NAME NAME SEIJAS, JOSE C STREET ADDRESS STREET ADDRESS :200 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE SEIJAS, FANNY P (BOO CYPIESS BIUD, #205 (AMDONN) BENEB, FL 33069 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ← E-Change TITLE NAME DOMINGUEZ, RAFAEL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue 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. vith all other ike empowered