

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P97000057252

**1. Entity Name**  
SPANE, INC.

<b>Principal Place of Business</b> 140 OCEAN DR MIAMI BEACH FL 33139 US	<b>Mailing Address</b> 140 OCEAN DR MIAMI BEACH FL 33139 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -3 PM 3:46



**REINSTATEMENT**

01

**6. Name and Address of Current Registered Agent**

STECHER, ROBERT  
140 OCEAN DR  
MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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) **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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	D STECHER, ROBERT 140 OCEAN DR MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004721234-1 -12/12/01--01081--003 ****750.00 ****750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_ **DATE:** 01/30/01 **Daytime Phone #** \_\_\_\_\_

0040621 AV

CR2E034 (5/01)