

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90028 010 ***150.00

0022288 AV

DOCUMENT # P98000013033

1. Entity Name
SPI PRODUCTS, INC.



Principal Place of Business
5870 MIAMI LAKES DRIVE E
MIAMI LAKES FL 33014

Mailing Address
5870 MIAMI LAKES DRIVE E
MIAMI LAKES FL 33014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0823759**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GORFINKEL, NESTOR B ESQ.
1111 KANE CONCOURSE, #401
BAY HARBOR ISLANDS FL 33154

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DICKSTEIN, GABRIEL**
STREET ADDRESS **5870 MIAMI LAKES DRIVE E**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **S** ☐ Delete
NAME **DICKSTEIN, ROSA**
STREET ADDRESS **5870 MIAMI LAKES DRIVE E**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROSALBA DICKSTEIN

7/15/03

(305) 826-1255

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
90143791



July 15, 2003

Florida Department of State
Division of Corporation
2003
Form Business Report

SPI Products, Inc
FEI #65-0823759
Document # P98000013033

To Whom It May Concern:

Please be advised, we never got the first notice for the payment, this is our first notice, we will appreciate to be waived the penalty.

We are enclosing a chek #4872 for the amount of \$150.- (One hundred fifty and 00/100)

Thank you for your cooperation,

Sincerely, yours


Rosa Dickstein

Secretary