

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90042 035 ***150.00

DOCUMENT # P98000072213

1. Entity Name

SPECTRUM SQUARE MANAGEMENT, INC.

Principal Place of Business

✓ **14450 SMITH SUNDY ROAD**
 ✓ **DELRAY BEACH FL 33446**

Mailing Address

✓ **14450 SMITH SUNDY ROAD**
 ✓ **DELRAY BEACH FL 33446**

2. Principal Place of Business

5801 N. Congress Ave.

Suite, Apt. #, etc.

3. Mailing Address

5801 N. Congress Ave.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-0857768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S

500 E BROWARD BLVD

SUITE 1950

FORT LAUDERDALE FL 33394

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

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

(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 \$150.00
After May 1, 2002 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

TITLE **D** ☐ Delete
 NAME **WOLF, STEVEN**
 STREET ADDRESS **14450 SMITH SUNDY ROAD**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **RA** ☐ Delete
 NAME **WOLF, ERIC**
 STREET ADDRESS **14450 SMITH SUNDY ROAD**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS ✓ **5801 N. Congress Ave.**
 CITY-ST-ZIP ✓ **Boca Raton, FL 33487**

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 NAME
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 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 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

1/21/02

561-498-5600

Date

Daytime Phone #

CR2E034 (9/01)