9/18/01-90010-015-$558.75-$558.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087164

1. Entity Name
SPC MANAGEMENT COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 28 PM 3:12

002744 AV

Principal Place of Business	Mailing Address
13165 NW 45TH AVE OPA LOCKA FL 33054	13165 NW 45TH AVE OPA LOCKA FL 33054

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~APPLIED FOR~~ 65-0872554 ☐ Applied For ☐ Not Applicable *

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, FAUSTO A
13165 NW 45TH AVENUE
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name: Carroll & Associates c/o Linda Carroll
Street Address (P.O. Box Number is Not Acceptable): 1260 Suntrust Int'l Center. One Southeast Third Avenue
City: Miami FL Zip Code 33131-1714

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]
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 $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	STD SANCHEZ-ABALLI, RAFAEL ESQ. 1101 BRICKELL AVENUE #1400 MIAMI FL 33131 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIAZ, FAUSTO G 1101 BRICKELL AVENUE #1400 MIAMI FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11825 N.W. 100th Road MIAMI, Fl. 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* - Federal I.D # 65-0872554.