

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039352

1. Entity Name  
MBS SPEC PROPERTIES, INC.

Principal Place of Business Mailing Address  
1141 PINE POINT 1141 PINE POINT  
SINGER ISLAND FL 33404 SINGER ISLAND FL 33404

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SPECTOR, SAMUEL D  
1141 PINE POINT  
SINGER ISLAND FL 33404

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 \$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

TITLE D  
NAME SPECTOR, SAMUEL D  
STREET ADDRESS 1141 PINE POINT  
CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete

TITLE D  
NAME SPECTOR, BRIGETTE H  
STREET ADDRESS 1141 PINE POINT  
CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete  
BRIGETTE S. HALSEY  
↑(correct)↑

TITLE D  
NAME SPECTOR, MAXINE R  
STREET ADDRESS 1141 PINE POINT  
CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Brigitte S. Halsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-01 561 844 7364  
Date Daytime Phone #

FILED  
Sep 13, 2001 8:00 am  
Secretary of State  
09-13-2001 90011 019 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)