## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # V33043** 1. Entity Name SPES INTERNATIONAL CORP. 04-24-2001 90294 037 \*\*\*150.00 Principal Place of Business Mailing Address 1525 NW 167 STREET 1525 NW 167 STREET SUITE 145 SUITE 145 **F9/16007** MIAMI FL 33169 MIAMI FL 33169 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0332717 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOPETTA, GEORGE M. Street Address (P.O. Box Number is Not Acceptable) 1525 N.W. 167TH STREET SUITE 145 **MIAMI FL 33169** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ■ Addition VD TITLE Change TITLE ☐ Delete SCOPETTA, GEORGE M. NAME NAME STREET ADDRESS STREET ADDRESS 1525 NW 167 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete Change TITLE TITLE SCOPETTA, JOHN R. NAME NAME STREET ADDRESS STREET ADDRESS 1525 NW 167 STREET #145 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL .PD 🚅 🖖 🛶 ☐ Addition TITLE ... . 🔲 Delete TITLE \_ Change SCOPETTA, JOHN N NAME NAME STREET ADDRESS STREET ADDRESS 1525 NW 167 STREET #145 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCOPETTA, MERCEDES NAME NAME STREET ADDRESS STREET ADDRESS 1525 NW 167 STREET #145 CITY-ST-ZIP CITY-ST-ZIP MIAMI\_FL TITLE ASAT ☐ Delete TITLE ☐ Change ☐ Addition NAME MARTINEZ, MARLENE NAME STREET ADDRESS STREET ADDRESS 1525 NW 167 STREET #145 CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 addre with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SMINATURE AND TYPED OR PRINTED NAME OF SIGN