

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90101 023 ***150.00

2002711 AV

DOCUMENT # P01000011018
 1. Entity Name
SP CONSULTANTS CORP.

Principal Place of Business Mailing Address
1517 FLETCHER ST **1517 FLETCHER ST**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020**

443 N E 195th Street # 240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
443 N E 195th Street **443 N E 195th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt 240 **Apt 240**
 City & State City & State
Miami, Florida **Miami, Florida**

Zip Country Zip Country
33179 **Dade** **33179** **Dade**

4. FEI Number Applied For
65-1076536 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KALKAS, MARTI
245 SE 1ST STREET SUITE 311
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name: **Sonia Regina Pozzi**
 Street Address (P.O. Box Number is Not Acceptable)
443 N E 195th Street
Apt 240
 City State Zip Code
Miami **FL** **33179**

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: **Sonia Regina Pozzi** *[Signature]* DATE: **01/14/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD <input type="checkbox"/> Delete
NAME	POZZI, SONIA REGINA
STREET ADDRESS	1517 FLETCHER ST
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	443 N. E. 195th Street # 240
CITY-ST-ZIP	Miami, Florida 33179
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 the empowered.

SIGNATURE: *[Signature]* DATE: **01/14/02** Daytime Phone #: **(305) 725-3059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)