

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


3/6

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-06-2003 90112 005 ***150.00

DOCUMENT # P01000011018

1. Entity Name
SP CONSULTANTS CORP.



Principal Place of Business
443 NE 195TH STREET
APT 240
MIAMI FL 33179

Mailing Address
443 NE 195TH STREET
APT 240
MIAMI FL 33179

2. Principal Place of Business
21300 SAN SIMEON WAY
Suite, Apt. #, etc.
47

3. Mailing Address
P.O. Box 800811
Suite, Apt. #, etc.

City & State
MIAMI - FL

City & State
AVENTURA - FL

Zip
33179

Country
USA

Zip
33280-0811

Country
USA

4. FEI Number 65-1076536 ☒ Applied For ☐ Not Applicable

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



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
POZZI, SONIA REGINA
443 NE 195TH STREET
APT 240
MIAMI FL 33179

7. Name and Address of New Registered Agent
Name: POZZI, SONIA REGINA
Street Address (P.O. Box Number is Not Acceptable)
21300 SAN SIMEON WAY # 47
City: MIAMI FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **03/19/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POZZI, SONIA REGINA	
STREET ADDRESS	443 NE 195TH STREET #240	
CITY-ST-ZIP	MIAMI FL 33179	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONIA R. POZZI	
STREET ADDRESS	21300 SAN SIMEON WAY # 47	
CITY-ST-ZIP	MIAMI - FL - 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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, title or like empowered.

SIGNATURE: *[Signature]* **02/01/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)