

2002 UNIFORM BUSINESS REPORT (UBR)

0000987 AV

DOCUMENT # **A32052**

1. Entity Name

S.P. HOLDINGS USA, LTD.

APPROVED
AND
FILED

02 APR 17 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**701 BRICKELL AVENUE, SUITE 850
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE, SUITE 850
MIAMI FL 33131**



2. Principal Place of Business

801 Brickell Avenue

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.

16th Floor

Suite, Apt. #, etc.

16th Floor

City & State

Miami, FL.

City & State

Miami, FL. 33131

Zip

33131

Country

USA

Zip

33131

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION

1200 PLANTATION ISLAND ROAD

PLANTATION FL 33324

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.

DATE

9. Capital Contributions
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000051599**
NAME **KINGSTOWN INVESTMENTS, INC.**
STREET ADDRESS **701 BRICKELL AVE, SUITE 850**
CITY-ST-ZIP **MIAMI FL 33131**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **801 BRICKELL AVENUE, 16th FLOOR**
CITY-ST-ZIP **MIAMI, FL. 33131**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **900005314239--5**
CITY-ST-ZIP **-04/22/02--01035--015
*****526.25 *****526.25**

DOCUMENT #
NAME
STREET ADDRESS
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

3/20/02

(305) 381-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)