

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90191 005 ***150.00

0205828
AV

DOCUMENT # M15232

1. Entity Name
SPARKLE PALM TREE, INC.



Principal Place of Business
**POST OFFICE BOX 140668
CORAL GABLES FL 33114-0668**

Mailing Address
**POST OFFICE BOX 140668
CORAL GABLES FL 33114-0668**



2. Principal Place of Business
2911 GRAND AVENUE

3. Mailing Address
4254 LENNOX DRIVE

Suite, Apt. #, etc.
Suite 400 C

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
59-2700367

Applied For
Not Applicable

Zip
33133

Country

Zip
33133

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVE.
CORAL GABLES FL 33134**

Name
ELLMAN, EILEEN
Street Address (P.O. Box Number is Not Acceptable)
4254 LENNOX DRIVE

City
MIAMI **FL** Zip Code
33133

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 **EILEEN ELLMAN, PRESIDENT**

4/26/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☐ Delete
NAME
ELLMAN, EILEEN
STREET ADDRESS
8893 S.W. 129 ST.
CITY-ST-ZIP
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
4254 LENNOX DRIVE
STREET ADDRESS
MIAMI, FL 33133
CITY-ST-ZIP

TITLE ☐ Delete
NAME
VSD
NAME
SHATS, MARK
STREET ADDRESS
8893 S.W. 129 ST.
CITY-ST-ZIP
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
4254 LENNOX DRIVE
STREET ADDRESS
MIAMI FL 33133
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED ELLMAN**

4/26/03

305 441-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)