

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000594

1. Entity Name

SPA REALTORS, LLC

Principal Place of Business

% A. WEBER  
2525 PALMER AVENUE  
NEW ROCHELLE NY 10801

Mailing Address

% A. WEBER  
2525 PALMER AVENUE  
NEW ROCHELLE NY 10801-4476

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WEBER, GARY  
1250 S. MILITARY TRAIL #616  
DEERFIELD BEACH FL 33442

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE MBR ☐ Delete  
NAME WEBER, ALLEN  
STREET ADDRESS 2525 PALMER AVENUE  
CITY- ST- ZIP NEW ROCHELLE NY 10801

TITLE MBR ☐ Delete  
NAME PIZZITOLA, STEPHEN  
STREET ADDRESS 188 E. 70TH STREET  
CITY- ST- ZIP NEW YORK NY 10021

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ADDITIONS/CHANGES

☐ Change ☐

700003112267--7  
-01/27/00--01016--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Allen Weber

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/11/00

Date

Daytime Phone #

FILED

00 JAN 18 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3960467

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent