

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90250 007 ***150.00

0071913 AV

DOCUMENT # P00000031415

1. Entity Name
 SPA L'EUROPE, INC.

Principal Place of Business
 662 CORTEZ CIRCLE
 ALTAMONTE SPRINGS FL 32714

Mailing Address
 662 CORTEZ CIRCLE
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
 641 Sabal Lake Dr.
 Suite, Apt. #, etc.
 Apt 205

3. Mailing Address
 P.O. Box 915186
 Suite, Apt. #, etc.

City & State
 Longwood, FL

City & State
 Longwood, FL

4. FEI Number
 01-0567648 **NOT APPLICABLE**

Applied For
 Not Applicable

Zip
 32779

Country
 Seminole US

Zip
 32791

Country
 US

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

CASCIO, MARY JO
 662 CORTEZ CIRCLE
 ALTAMONTE SPRINGS FL 32714

Name
 Marisa J. Spagnoli
Street Address (P.O. Box Number is Not Acceptable)
 641 Sabal Lake Dr.
Apt 205
City Longwood **FL** **Zip Code** 32779

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
 Mary Jo Cascio

(NOTE: Registered Agent signature required when reinstating)

DATE
 4/19/02

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 PT
NAME
 CASCIO, MARY JO
STREET ADDRESS
 662 CORTEZ CIRCLE
CITY-ST-ZIP
 ALTAMONTE SPRINGS FL 32714 ☒ Delete

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

TITLE
 VS
NAME
 BERRY, MARISA J
STREET ADDRESS
 662 CORTEZ CIRCLE
CITY-ST-ZIP
 ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
 President
NAME
 Marisa J. Spagnoli
STREET ADDRESS
 641 Sabal Lake Dr., Apt 205
CITY-ST-ZIP
 Longwood, FL 32779 ☒ Change ☐ Addition

TITLE
 NAME
STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 like empowered.

SIGNATURE: Marisa J. Spagnoli **DATE** 3/5/02 **DAYTIME PHONE #** (407) 808-7546

CR2E034 (9/01)