

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051623

1. Entity Name

SARPA USA, CORP.

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90064 039 ***150.00

Principal Place of Business

6460 MAIN STREET SUITE 5-205
MIAMI LAKES FL 33014

Mailing Address

6460 MAIN STREET SUITE 5-205
MIAMI LAKES FL 33014

2. Principal Place of Business

1727 VICTORIA POINT CR
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Weston Florida

City & State

Weston Florida

4. FEI Number

65-1014491

Applied For

Not Applicable

Zip

33327

Country

Broward

Zip

Country

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUNA, CECILIA P

6460 MAIN STREET SUITE 5-205
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1727 VICTORIA POINT CR

City

Weston

FL

Zip Code

33327

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LUNA, CECILIA P
6460 MAIN STREET SUITE 5-205
MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ARBELAEZ, JOSE ROBERTO
6460 MAIN STREET SUITE 5-205
MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
1727 VICTORIA POINT CR
Weston FL 33327

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
1727 VICTORIA POINT CR
Weston FL 33327

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

J. Kai
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-2001

Date

954-3853846

Daytime Phone #

CR2E034 (10/00)