

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076367

1. Entity Name

SPARKLE CITY, INC.

Principal Place of Business

500 NE 2ND STREET #121
DANIA BEACH FL 33040

Mailing Address

500 NE 2ND STREET #121
DANIA BEACH FL 33040

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

X P.O. Box 670961

Coral Springs FL

33067

4. FEI Number

65-1030695

Applied For

Not Applicable

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

FAUSTO, ANTHONY
500 NE 2ND STREET #121
DANIA BEACH FL 33040

Name Peter J. Lombard Jr.

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

4870 N.W. 101 Ave

City

Coral Springs

FL

Zip Code

33026

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.

Peter J. Lombard Jr.

(NOTE: Registered Agent signature required when reinstating)

4-25-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FAUSTO, ANTHONY
STREET ADDRESS 500 NE 2ND STREET #121
CITY-ST-ZIP DANIA BEACH FL 33040 ☐ Delete

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

TITLE VD
NAME LOMBARD, PETER J JR
STREET ADDRESS 500 NE 2ND STREET #121
CITY-ST-ZIP DANIA BEACH FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS 4870 N.W. 101 Ave
CITY-ST-ZIP Coral Springs FL 33026 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)