

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90138 043 ***150.00

DOCUMENT # P02000097472

1. Entity Name
SPARTI, INC.



Principal Place of Business
**190 NE 119 STREET
NORTH MIAMI FL 33160
US**

Mailing Address
**2000 S OCEAN BLVD
15A
POMPANO BEACH FL 33062
US**

2. Principal Place of Business

3. Mailing Address

190 NE 119 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NORTH MIAMI FL

Zip

Country

Zip

33160

Country

US

4. FEI Number

02-0641757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TSAKIRIS, DIMITRIOS
2000 S OCEAN BLVD
15A
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name

TSAKIRIS, DIMITRIOS
(P.O. Box Number is Not Acceptable)

190 NE 119 ST

NORTH MIAMI FL

33160

FL

Zip Code **33160**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	TSAKIRIS, DIMITRIOS	
STREET ADDRESS	2000 S OCEAN BLVD 15A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIKDER, WAHIDUR	
STREET ADDRESS	606 N FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANTONARAS, JOHN	
STREET ADDRESS	606 N FEDERAL HIGHWAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TSAKIRIS, DIMITRIOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #