

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90217 039 \*\*\*150.00

**DOCUMENT # P02000127441**

1. Entity Name

**WIZARD RETRACTABLE SCREENS, INC.**



Principal Place of Business

~~3031 SW 38 CT~~  
~~MIAMI FL 33146~~

Mailing Address

3031 SW 38 CT  
MIAMI FL 33146

2. Principal Place of Business

17911 S.W. 134 CT.

3. Mailing Address

17911 S.W. 134 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

Country

33177

Zip

Country

33177

4. FEI Number

81-0583597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11015812



6. Name and Address of Current Registered Agent

SPARACINO, SABRINA  
17911 SW 134 CT  
MIAMI FL 33177

7. Name and Address of New Registered Agent

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. 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	DP	<input type="checkbox"/> Delete
NAME	<del>SPARACINO,</del>	
STREET ADDRESS	3031 SW 38 CT	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	DO	<input checked="" type="checkbox"/> Delete
NAME	SPARACINO,	
STREET ADDRESS	3031 SW 38 CT	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LAMAN, PAULINE	
STREET ADDRESS	<del>3031 SW 38 CT</del>	
CITY-ST-ZIP	<del>MIAMI FL 33146</del>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SPARACINO, JOSEPH	
STREET ADDRESS	<del>3031 SW 38 CT</del>	
CITY-ST-ZIP	<del>MIAMI FL 33146</del>	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARACINO, SABRINA	
STREET ADDRESS	17911 S.W. 134 CT.	
CITY-ST-ZIP	MIAMI, FL. 33177	
TITLE	DO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARACINO, JOSEPH	
STREET ADDRESS	17911 S.W. 134 CT.	
CITY-ST-ZIP	MIAMI, FL. 33177	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAN, PAULINE	
STREET ADDRESS	17911 S.W. 108 TERRACE	
CITY-ST-ZIP	MIAMI, FL. 33196	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17911 S.W. 108 TERRACE	
CITY-ST-ZIP	MIAMI, FL. 33197	
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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (305) 256-7436

Date Daytime Phone #

CR2E034 (10/02)