## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300002441											
K.L.M. SPARTA, INC. 1941 - 1641						FILED					
RESERVE THE CONTROL OF THE CONTROL O						00 FEB 21 AM 9: 44					
Principal Place	Mailing Address	ng Address									
1018 62ND AVE ST. PETERSBUR		1018 62ND AVENUE NORTH ST. PETERSBURG FL 33702-7420				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Pl	ace of Business	3. Mailing Address	s								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DO NOT WRITE	IN THIS SP	'ACE		
City & State		City & State	City & State			I. FEI Number	59-3155343			plied For t Applicable	
Zip	Country Zip			ntry		. Certificate of S	Status Desired		8.75 Add ee Required	litional	
	6. Name and Address of Currer	nt Registered Agent				7. Name and Address of New Registered Agent					
KARKOULAS, PAUL 1018 62ND AVENUE NORTH					Name.						
					Street Address (P.O. Box Number is Not Acceptable)						
ST. P	PETERSBURG FL 33702										
				City				FL	Zip Code	<del>-</del>	
8. The above	named entity submits this statement	for the purpose of changing its	register	ed office or re	gistered	agent, or both, ir	n the State of Flori	da.	1		
	F								سه مه	,	
SIGNATURE _	Signature, Typed or printed name of registered age	ant and title if applicable. (NOT	E. Registere	ed Agent signature r	required wh	en reinstating)	<i>U</i> -	2-2 DATE	1000	<del></del>	
9 This corpo	oration is eligible to satisfy its Intangit	nle FILE NOW	III FFF	IS \$150.00							
.Tax filing requirement and elects to do so After MAY 1, 2000 F				will be \$550	0.00	1	n Campaign Fina und Contribution.	· -		May Be to Fees	
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NAME	KARKOULAS, PAUL		NAN	T .		بالاان	0 <b>0031</b> -03/06/0	583 0010	6 7 — 199—— 11		
STREET ADDRESS ! CITY-ST-ZIP	1018 62ND AVENUE NORTH ST. PETERSBURG FL 33702			EET ADDRESS '-ST-ZIP			****150	.00 *	***150		
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NAME	LARES, DAN		NAM			<del></del>	<del></del>	_	·		
CITY-ST-ZIP	10 <del>18 62ND AVENUE NORTH</del> ST. PETEROBURG FL 33702	يهو ومحمد مسارسيين الدارات		EET ADDRESS (-ST-ZIP	÷					-	
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CITY-ST-ZIP			1	Y-ST-ZIP					•	<b>,</b>	
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 actual 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 chapter 607, Florida Statutes.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #											