

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90010 008 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P95000090605**

1. Entity Name  
**SPARTAN INTERNATIONAL, INC.**

Principal Place of Business  
**20325 N.E. 15TH COURT  
MIAMI FL 33179**

Mailing Address  
**20325 N.E. 15TH COURT  
MIAMI FL 33179**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **65-0624868**  
Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SINGER, BERNARD A  
4700 SHERIDAN ST.  
SUITE B  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent  
Name **Bonnie MA**  
Street Address (P.O. Box Number is Not Acceptable) **11471 W. Sample Rd. # 41**  
City **Coral Springs** FL Zip **33065**

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: **2/22/02**  
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P HUA, ANNA P 20325 N.E. 15TH COURT MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS HUYNH, TONG H 1725 N 55TH AVE HOLLYWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT DIEP, BINH Y 3611 FARRAGUT ST HOLLYWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV PHAN, HUAN 1912 N 41ST AVE HOLLYWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV HUA, QUANG V 3611 FARRAGUT ST HOLLYWOOD FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV CUONG THAI 20325 NE 15th Ct. Miami, FL 33179</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV CUONG THAI 20325 NE 15th Ct. Miami FL 33179</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/02** Daytime Phone **(305) 720-1488**

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