

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90942 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000002687**



1. Entity Name
U S SPARES, INC.

Principal Place of Business
**3191 SW 11TH STREET
SUITE 300
DEERFIELD BEACH FL 33442**

Mailing Address
**3191 SW 11TH STREET
SUITE 300
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

65-0635887

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GULATI, VINOD
3191 SW 11TH STREET
SUITE 300
DEERFIELD BEACH FL 33442**

Name

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

City

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 remitting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP

Delete

Change Addition

TITLE NAME
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP

Delete

Change Addition

TITLE NAME
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP

Delete

Change Addition

TITLE NAME
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP

Delete

Change Addition

TITLE NAME
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP

Delete

Change Addition

TITLE NAME
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP

Delete

Change Addition

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 OF VINOD GULATI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

9546980782

Date

Daytime Phone #

CR2E034 (10/02)