

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90020 050 \*\*\*150.00

**DOCUMENT # P96000034741**

1. Entity Name  
**SPARANO & ASSOCIATES, INC.**

Principal Place of Business  
**4811 NW 82ND AVE**  
**LAUDERHILL FL 33351**

Mailing Address  
**4811 NW 82ND AVE**  
**LAUDERHILL FL 33351**

2. Principal Place of Business  
**9500 EAST PLUM HARBOR WAY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9500 EAST PLUM HARBOR WAY**  
 Suite, Apt. #, etc.

City & State  
**TAMARAC, FL**  
 Zip  
**33321**  
 Country  
**BROWARD**

City & State  
**TAMARAC, FL**  
 Zip  
**33321**  
 Country  
**BROWARD**

4. FEI Number **59-3373735**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPARANO, LOUIS**  
**4811 NW 82ND AVENUE**  
**LAUDERHILL FL 33351**

**7. Name and Address of New Registered Agent**

Name  
**SPARANO, LOUIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9500 EAST PLUM HARBOR WAY**  
 City **TAMARAC** **FL** Zip Code **33321**

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 *Louis Sparano*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/02**  
 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>PVST</b> <b>SPARANO, LOUIS</b> <b>4811 NW 82ND AVE</b> <b>LAUDERHILL FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPARANO, LOUIS</b> <b>4811 NW 82ND AVE</b> <b>LAUDERHILL FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>SPARANO, LOUIS</b> <b>9500 E. PLUM HARBOR WAY</b> <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPARANO, LOUIS</b> <b>9500 E. PLUM HARBOR WAY</b> <b>TAMARAC, FL 33321</b>	<input checked="" 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
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

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: *Louis Sparano* **LOUIS SPARANO** **4/10/02** **W 954-474-8080** **H 954-721-3135**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00462711 AV

CR2E034 (9/01)