

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009279

1. Entity Name

S.P.W. INTERNATIONAL, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90074 017 ***150.00

Principal Place of Business

10907 W. CLAIRMONT CIRCLE
TAMARAC FL 33321

Mailing Address

10907 W. CLAIRMONT CIRCLE
TAMARAC FL 33321-7833

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

65-0732817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILICH, PHILIP
6921 ANNAPOLIS COURT
PARKLAND FL 33067

Name Philip Milich

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

10907 W Clairmont Circle

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 Philip Milich (Philip Milich)

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MILICH, PHILIP ☐ Delete
STREET ADDRESS 6921 ANNAPOLIS CT
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10907 W Clairmont Circle
CITY-ST-ZIP Tamarac, FL 33321

TITLE VS
NAME MILICH, WILLIS SONDRA ☐ Delete
STREET ADDRESS 6921 ANNAPOLIS CT
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10907 W Clairmont Circle
CITY-ST-ZIP Tamarac, FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Philip Milich (Philip Milich)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/00

Daytime Phone #

954/718-8513

CR2E034 (9/99)