

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90027 043 ***150.00

DOCUMENT # P97000024732

1. Entity Name
S.P. AMERICAS, INC.

Principal Place of Business Mailing Address
904 NE 132ND AVE 904 NE 132ND AVE
SUNRISE FL 33325 SUNRISE FL 33325

2. Principal Place of Business 3. Mailing Address
1290 WESTON RD 1290 WESTON RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
306 306

City & State City & State
WESTON, FLORIDA WESTON FLORIDA

Zip Country Zip Country
33326 USA 33326 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0735538** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ARGRAMUNT, LUIS
1221 BRICKELL AVE # 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE **GUILLERMO P. MONTES - VP** **3/11/02**
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	P CUERVO, FERNANDO E 904 NW 132ND AVE SUNRISE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTES, GUILLERMO P 904 NW 132ND AVE SUNRISE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ-TERADAS, ALVARO R 904 NW 132ND AVE SUNRISE FL 33325	<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	P CUERVO, FERNANDO ESCOLAR 1290 WESTON RD SUITE 306 WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTES, GUILLERMO P 1290 WESTON RD, SUITE 306 WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ-TERRADAS, ALVARO R 1290 WESTON RD, SUITE 306 WESTON, FL 33326	<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

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: **GUILLERMO P. MONTES - VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 954-659-2626
 Date Daytime Phone # (X-201)

CR2E034 (9/01)