

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90327 016 ***150.00

DOCUMENT # P97000034791

1. Entity Name

S.P. INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

800 Cypress Blvd. #205
 Pompano Beach, FL 33069

1291-A S. POWERLINE RD. #131
 Pompano Beach, FL 33069

C0049785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

800 Cypress Blvd
 Suite, Apt. #, etc.
 #205

1291-A South Powerline Rd
 Suite, Apt. #, etc.
 PMB #131

City & State
 Pompano Beach, FL

City & State
 Pompano Beach, FL

4. FEI Number

65-0746053

5. Certificate of Status Desired ☐

\$8.75
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEJAS, JOSE C.

800 Cypress Blvd
 #205
 Pompano Beach, FL
 33069

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

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! FEES \$150.00
 After MAY 1, 2000 Fee will be \$500.00
 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	D	☐ Delete
NAME	SEJAS, JOSE C.	
STREET ADDRESS	800 Cypress Blvd.	
CITY-ST-ZIP	#205 Pompano Beach, FL 33069	
TITLE	D	☐ Delete
NAME	SEJAS, FANNY P	
STREET ADDRESS	800 Cypress Blvd, #205	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	D	☐ Delete
NAME	DOMINGUEZ, RAFAEL	
STREET ADDRESS	800 Cypress Blvd. #205	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2001 (954) 917 5069