

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097053

1. Entity Name

SPAL, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90131 039 ***150.00

Principal Place of Business

Mailing Address

255 E. FLAGLER STREET
3RD FLOOR
MIAMI FL 33131

5005 COLLINS AV
APT518/H
MIAMI FL 33140-2565

2. Principal Place of Business

3. Mailing Address

5005 COLLINS AVENUE

Suite, Apt. #, etc.

APT. 518H

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

Country

33140-2565

USA

Zip

Country

4. FEI Number

65-0885946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAGATTI, LUCA
255 E. FLAGLER STREET
3RD FLOOR
MIAMI FL 33131

Name
ZAGATTI, LUCA

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

5005 COLLINS AV. APT. 518H

City

MIAMI BEACH

FL

Zip Code

33140

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!!! 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ZAGATTI, LUCA
5005 COLLINS AV APT 518/H
MIAMI BEACH FL 33140 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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:

Luca Zagatti LUCA ZAGATTI / PRESIDENT 01/20/2000 305 790 1732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/99)