

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90107 006 ***150.00

DOCUMENT # S82785

1. Entity Name
S.P.A. CORPORATION



Principal Place of Business
2601 S. BAYSHORE DR., STE 1400
MIAMI FL 33133
US

Mailing Address
CG671
P.O. BOX 02-5323
MIAMI FL 33102-5323
US



2. Principal Place of Business
1911 COLLINS AVE
Suite, Apt. #, etc.
APT. 2103

3. Mailing Address
Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NO MIAMI BEACH, FLA.
Zip
33160
Country
U.S.A.

City & State
Zip
Country

4. FEI Number **65-0502840**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DURAN, ALFREDO G
2601 S. BAYSHORE DR., STE 1400
MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEISAJOVICH, SANTIAGO	
STREET ADDRESS	2601 S. BAYSHORE DR., STE 1400	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEISAJOVICH, NOEMI	
STREET ADDRESS	2601 S. BAYSHORE DR., STE 1400	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEISAJOVICH, ILAN	
STREET ADDRESS	2601 S. BAYSHORE DR., STE 1400	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEISAJOVICH, AYELETH	
STREET ADDRESS	2601 S. BAYSHORE DR., STE 1400	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1911 COLLINS AVE., APT. 2103	
CITY-ST-ZIP	NO MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same add	
STREET ADDRESS	Same add	
CITY-ST-ZIP	Same add	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same add	
STREET ADDRESS	Same add	
CITY-ST-ZIP	Same add	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED SANTIAGO PEISAJOVICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OPES DIR.
3-10-03
(305)
859-2696
Date Daytime Phone #

CR2E034 (10/02)