FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:	May 31, 2005			
Estimated average burden				
hours per response 16.0				

SEC USE ONLY				
Prefix	Serial			
DATE R	ECEIVED			

UNIFORM LIMITED OFFERING EACH	II HOW
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	RECEIVED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	5) □ ULOE FEB 2 3 2005
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	185/\$
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) SPARTA CUMMERCIAL SERVICES, INC.	
Address of Executive Offices 462 Seventh Ave, 20th FT. (Number and Street, City, State, Zip Code) New York, NY 10018	Telephone Number (Including Area Code) 212-239-2666
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Originator and indirect lender for retail installment for the purchase or lease of motorcycles and ATVs.	loon and lease financing
Type of Business Organization	(please specify): PROCESSED
Month Year Actual or Estimated Date of Incorporation or Organization: OS SIC X Actual Service abbreviation for State CN for Canada, FN for other foreign jurisdiction)	imated te: THOMSON FINANCIAL
CENEDAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Havens, Anthony L. Full Name (Last name first, if individual)	
1162 Seventh Ave, 20th FT. New York, NY 10018 Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
462 Seventh Ave, 20th Fi. New York, NY 10018	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Becon, Jeffrey Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·
462 Seventh Ave, 20th FI. New York, NY 10018	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Described Director	General and/or Managing Partner
Full Name (Last name first, if individual)	•
462 Seventh Ave, 20th Fr. New York, NY 10018	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Lanjewar, Daniel J.	Managing Partner
Full Name (Last name first, if individual)	
462 Seventh Ave, 20th Fr. New York, NY 10018	•
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Ahman, Sanctra L. Full Name (Last name first, if individual)	Managing Partner
Full Name (Last name first, if individual)	
462 Seventh Ave, Joth FT. New York, NY 10018	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter. Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
	:
Business or Residence Address (Number and Street, City, State, Zip Code)	, %
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

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1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No X				
	Answer also in Appendix, Column 2, if filing under ULOE.												
2 . ,	2. What is the minimum investment that will be accepted from any individual?							Φ	5,000				
3.						le unit?						Yes X	No
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass ime of the b	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	ho has bee of purchase nt of a brok ore than five on for that	ers in conne er or dealer e (5) person	ction with registered s to be list	sales of sec with the S ed are asso	urities in t EC and/or	ne offering. with a state		
Ful			first, if indi GROV										
Bus						ty, State, Z	ip Code)						
	99	Sunn	yside	Blvd	We	odbury	I, NY	1179	7				
Nar	me of Ass	sociated Br	oker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	or check	individual	States)	•••••			• • • • • • • • • • • • • • • • • • • •	***************************************	······	A	II States
	AL	ĀK	AZ	ĀR	CA	CO	(SZ)	DE	[DC]		[GA]	HI	[ID]
	<u> </u>		ĪĀ		KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	XX	NM	()XX	NC	ND	OH	OK	OR	PA
	RI	SC	SD		TX	[UT]	VT	VA	WA	WV	DAZ)	WY	PR
Ful	li Name (I	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nat	me of Ass	ociated Br	oker or De	aler			· · ·						
Can	too in With	• • •	Listed Hos	Caliniand	I d-	to Solicit	D.,,,,,	·					
	ues in wi			Soncica	or intentas		ruichasers						
sia	(Check '				States)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•••••	ПА	II States
314		"All States	or check	individual ——									
Sta	AL	"All States	or check	individual	CA	<u>CO</u>	CT	DE	DC	FL	GA	H	ID
Sta		"All States	or check	individual ——									
Sta	AL IL	All States	or check AZ IA	individual AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL	GA MN	HI MS	ID MO
Name and an order	AL IL MT RI	All States AK IN NE SC	or check AZ IA NV	AR KS NH TN	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Ful	AL IL MT RI	AK IN NE SC	AZ IA NV SD first, if indi	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Ful	AL IL MT RI	AK IN NE SC	AZ IA NV SD first, if indi	AR KS NH TN	CA KY NJ TX	CO LA NM	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Ful	AL IL MT RI Il Name (I	AK IN NE SC Ast name	AZ IA NV SD first, if indi	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND WA	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Ful Bus Nar	AL IL MT RI II Name (I siness or me of Ass	"All States AK NE SC ast name Residence	AZ IA NV SD first, if indi Address (1)	AR KS NH TN ividual)	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT VT	DE MD NC VA	DC MA ND WA	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Ful Bus Nar	AL IL MT RI II Name (I siness or me of Ass	AK IN NE SC Ast name Residence	AZ IA NV SD first, if indi Address (1	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA
Ful Bus Nar	AL IL MT RI II Name (I siness or me of Ass	AK IN NE SC Ast name Residence	AZ IA NV SD first, if indi Address (1	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT ity, State,	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful Bus Nar	AL IL MT RI II Name (I siness or me of Ass	AK IN NE SC Ast name Residence ociated Br ich Person "All States"	AZ IA NV SD first, if indi Address (foker or De Listed Has	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C or Intends	CO LA NM UT	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
		_	
	Debt		
	Equity	S	_ \$
	Common Preferred		
	Convertible Securities (including warrants)	\$	_ \$ <u>.</u>
	Partnership Interests	ß	_ \$
	Other (Specify Units of preferred stock and warrants		
	Total	3,000,000	s <u>317,5</u> 00
	Answer also in Appendix, Column 3, if filing under ULOE.		•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		s
	Non-accredited Investors		s <u>O</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s 3,000
	Printing and Engraving Costs	<u>5</u>	s <u>3,000</u>
	Legal Fees	_	
	Accounting Fees		
	Engineering Fees	7] \$
	Sales Commissions (specify finders' fees separately)	<u>5</u>	s 300,000
	Other Expenses (identify) blue sky filings, travel, photocopying, telept		\$ 30,000
	Total	R	44-00-00-00

b. Enter the difference between the aggregate offering price given in response to Part C — Quest and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."	l gross	\$ 2,600,000
5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be us each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C — Question 4.b above.	te and	
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		[]\$
Purchase of real estate	🗀 \$	[]\$
Purchase, rental or leasing and installation of machinery		
and equipment		
		— П _р
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	П\$	□ \$
Repayment of indebtedness		
Working capital		
Other (specify): credit facility equity reserve, purchase	□ \$	VIS 975,000
of portfolio of leases	LJ ~	
	 	\$
Column Totals	\$	Ds 2,600,000
Total Payments Listed (column totals added)		2,600,000
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange C the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	Commission, upon wri	
Issuer (Print or Type) SPACTA COMMERCIAL SERVICES, INC.	ID.4	
SPARTA COMMERCIAL SERVICES, INC. 17. L. Maugue	Date	2/15/05

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)