

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002427**

1. Entity Name

LA SEGOVIA REALTY, LTD.

Principal Place of Business

120 N.E. 90 STREET
EL PORTAL FL 33138

Mailing Address

120 N.E. 90 STREET
EL PORTAL FL 33138-3054

2. Principal Place of Business

8840 NE 2 Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33138

Country

USA

Country

USA

4. FEI Number

593571835

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, RICHARD A
KRAMER & GOLDEN, P.A.
12000 BISCAYNE BLVD., SUITE 500
NORTH MIAMI FL 33181

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$29,200.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F95000001763
NAME THE ALEGRO CORPORATION
STREET ADDRESS 120 N.E. 90 STREET
CITY - ST - ZIP EL PORTAL FL 33138

DOCUMENT #
NAME
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CITY - ST - ZIP

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STREET ADDRESS
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

7000003170047--2
-03/14/00--01123--018

STREET ADDRESS

CITY - ST - ZIP

****293.15 ****293.15

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jorge Carabelli

1/5/00

305-757-3348

Date

Daytime Phone #

CR2E003 (9/99)