

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002427

1. Entity Name
LA SEGOVIA REALTY, LTD.



Principal Place of Business
12205 NE 6 AVE
NORTH MIAMI FL 33161

Mailing Address
P.O. BOX 530142
MIAMI SHORES FL 33153-0142

FILED
03 MAR -6 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3571835

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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 FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # F95000001763
NAME THE ALEGRO CORPORATION
STREET ADDRESS P.O. BOX 530142
CITY-ST-ZIP MIAMI SHORES FL 33153-0142

STREET ADDRESS

CITY-ST-ZIP

000013344570
03/04/03--01002--004 **295.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jorge Carabelli

Date

Daytime Phone #

2/26/03 305-757-3348

CR2E003 (10/02)