

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90074 034 ***150.00

DOCUMENT # P99000009497

1. Entity Name

RAFAEL G. SEGREDO & ASSOCIATES, INC.

Principal Place of Business

6995 N.W. 82ND AVENUE
 BAY #40
 MIAMI FL 33166

Mailing Address

6995 N.W. 82ND AVENUE
 BAY #40
 MIAMI FL 33166-2783

C0017067



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9643 NW 33 ST.

9643 NW 33 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEL Number

65-0893388

Applied For

Not Applicable

Zip

33172

Country

Zip

33172

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

SEGREDO, ROSE A
 6995 N.W. 82ND AVENUE
 BAY #40
 MIAMI FL 33166

Name

ROSE SEGREDO

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

9643 NW 33 ST

City

MIAMI

FL

Zip Code

33172

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

Rose Segredo

1-26-00

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 Delete
 NAME **PD SEGREDO, ROSE**
 STREET ADDRESS **6995 N.W. 82ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE Change Addition
 NAME **PD SEGREDO ROSE**
 STREET ADDRESS **9643 NW 33 ST**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Delete
 NAME **STD SEGREDO, RAFAEL G**
 STREET ADDRESS **6995 N.W. 82ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE Change Addition
 NAME **STD SEGREDO RAFAEL**
 STREET ADDRESS **9643 NW 33 ST**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 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:

Rose Segredo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose Segredo
President

Date

1/26/00

Daytime Phone #

(305) 594-3200